Set Name side by side	Query	Hit Count	Set Name result set
DB=USPT,PGPB,JPAB,EPAB,DWPI,TDBD; THES=ASSIGNEE; PLUR=YES; OP=AND			
L7	L6 same (graft or transplant)	7	L7
L6	(CD20 or Bp35) adj (antibody or antibodies)	226	L6
L5	L4 not L3	82	L5
L4	L2 and (Rituximab or Y2B8)	86	L4
L3	(anti-CD20) same (graft or transplant)	11	L3
L2	(anti-CD20) and (graft or transplant)	219	L2
L1	Grillo-Lopez-antonio-J$.in.	2	L1

END OF SEARCH HISTORY

such as complement-dependent cytolysis, cell-mediated antibody-dependent cytolysis...
...effects which may result in severe iatrogenic immunodeficiency, antilymphocyte antibodies may also act on stimulated alloreactive T-cell clones and therefore contribute to donor- specific *graft* adaptation.
DRUG DESCRIPTORS:
...endogenous compound--ec; alloantigen; azathioprine; cd11b antigen --endogenous compound--ec; cd18 antigen--endogenous compound--ec; cd19 antigen--endogenous compound--ec; cd2 antigen--endogenous compound--ec; *cd20* antigen--endogenous compound--ec; cd4 antigen--endogenous compound --ec; cd8 antigen--endogenous compound--ec; complement component c3d receptor--endogenous compound--ec; corticosteroid; gamma interferon --endogenous...
MEDICAL DESCRIPTORS:
antibody dependent cellular cytotoxicity; apoptosis; b lymphocyte; clonal anergy; complement dependent cytotoxicity; cytolysis; fever--side effect --si; gastrointestinal symptom--side effect--si; *graft* rejection --prevention--pc; *graft* rejection--drug therapy--dt; *graft* versus host reaction--drug therapy--dt; human; lymphocyte depletion--side effect--si; opsonization; organ *transplantation*; phagocytosis; priority journal; *review*; signal transduction; t lymphocyte activation
SECTION HEADINGS:
  026 Immunology, Serology and *Transplantation*
  037 Drug Literature Index
  038 Adverse Reaction Titles
?ds

Set	Items	Description
S1	140	(IMMUNOSUPPRESSION) AND (CD20 OR BP35)
S2	9	S1 AND REVIEW
S3	6	RD (unique items)
S4	23	S1 AND (RITUXAN OR RITUXIMAB)
S5	13	RD (unique items)
S6	54	S1 AND (GRAFT OR TRANSPLANT OR TRANSPLATION)
S7	92	S1 AND (GRAFT OR TRANSPLANT OR TRANSPLANTATION)
S8	8	S7 AND REVIEW
S9	5	RD (unique items)

?logoff
24dec01 11:36:57 User259876 Session D299.2
$1.37 0.427 DialUnits File155
$1.40 7 Type(s) in Format 3
$1.40 7 Types
$2.77 Estimated cost File155
$2.35 0.420 DialUnits File5
$14.85 9 Type(s) in Format 3
$14.85 9 Types
$17.20 Estimated cost File5
$5.94 0.699 DialUnits File73
$18.80 8 Type(s) in Format 3
$18.80 8 Types
$24.74 Estimated cost File73
$0.80 0.272 DialUnits File159
$0.80 Estimated cost File159
OneSearch, 4 files, 1.818 DialUnits FileOS
$0.70 TYMNET
$46.21 Estimated cost this search
$46.50 Estimated total session cost 1.899 DialUnits

Status: Signed Off. (14 minutes)

Status: Path 1 of [Dialog Information Services via Modem]

Status: Initializing TCP/IP using (UseTelnetProto 1 ServiceID pto-dialog)
Trying 3106900061...Open

DIALOG INFORMATION SERVICES
PLEASE LOGON:
 ******** HHHHHHHH SSSSSSSS?
Status: Signing onto Dialog
 ****
ENTER PASSWORD:
 ******** HHHHHHHH SSSSSSSS? ********
Welcome to DIALOG
Status: Connected

Dialog level 01.11.15D

Last logoff: 21dec01 11:17:09
Logon file001 24dec01 11:23:16
            *** ANNOUNCEMENT ***
                   ***
--Important Notice to Freelance Authors--
See HELP FREELANCE for more information
                   ***
NEW FILES RELEASED
***Disclosure Database (File 101)
***Harris Business Profiler (File 537)
***Mergent Company Profiles (File 555)
***Mergent Company Snapshots (File 556)
***Mergent Company News Reports (File 557)
***Financial Times Fulltext (File 476)
***TRADEMARKSCAN-Japan (File 669)
***Weldasearch (File 25)

UPDATING RESUMED
***Delphes European Business (File 481)
***Books In Print (File 470)
                              ***
RELOADED
***CLAIMS/US PATENTS (Files 340, 341, 942)
***Kompass Middle East/Africa/Mediterranean (File 585)
***Kompass Asia/Pacific (File 592)
***Kompass Central/Eastern Europe (File 593)
***Kompass Canada (File 594)

New document supplier
IMED has been changed to INFOTRIE (see HELP OINFOTRI)

>>>Get immediate news with Dialog's First Release
   news service. First Release updates major newswire
   databases within 15 minutes of transmission over the
   wire. First Release provides full Dialog searchability
   and full-text features. To search First Release files in
   OneSearch simply BEGIN FIRST for coverage from Dialog's
   broad spectrum of news wires.

     >>> Enter BEGIN HOMEBASE for Dialog Announcements <<<
     >>>   of new databases, price changes, etc.   <<<
                    ****
KWIC is set to 50.
HILIGHT set on as '*'

File   1:ERIC 1966-2001/Dec 05

(c) format only 2001 The Dialog Corporation

Set	Items	Description

Cost is in DialUnits
?b 155, 5, 73, 159
24dec01 11:23:30 User259876 Session D299.1
$0.28 0.081 DialUnits File1
$0.28 Estimated cost File1
$0.01 TYMNET
$0.29 Estimated cost this search
$0.29 Estimated total session cost 0.081 DialUnits

SYSTEM:OS - DIALOG OneSearch
File 155:MEDLINE(R) 1966-2002/JAN W2
***File 155: Updates include In Process records only. Updating of**
Completed records is expected to resume in January. See Help News155.
File 5:Biosis Previews(R) 1969-2001/Dec W3
(c) 2001 BIOSIS
File 73:EMBASE 1974-2001/Dec W3
(c) 2001 Elsevier Science B.V.
***File 73: For information about Explode feature please**
see Help News73.
File 159:Cancerlit 1975-2001/Oct
(c) format only 2001 Dialog Corporation

Set	Items	Description

?s (immunosuppression) and (CD20 or Bp35)
83916 IMMUNOSUPPRESSION
8769 CD20
46 BP35
S1 140 (IMMUNOSUPPRESSION) AND (CD20 OR BP35)
?s s1 and review
140 S1
1258724 REVIEW
S2 9 S1 AND REVIEW
?rd
...completed examining records
S3 6 RD (unique items)
?t s3/3,k/all

3/3,K/1 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

09646508 98114172 PMID: 9453427

The clinical diversity and role of chemotherapy in lymphoproliferative disorder in liver transplant recipients.

McCarthy M; Ramage J; McNair A; Gane E; Portmann B; Pagliuca A; Rela M; Heaton N; Mufti GJ; Williams R
Institute of Liver Studies, King's College Hospital and King's College School of Medicine and Dentistry, London, UK.

Journal of hepatology (DENMARK) Dec 1997, 27 (6) p1015-21, ISSN 0168-8278 Journal Code: IBS
Languages: ENGLISH
Document type: Journal Article
Record type: Completed

... We present the clinical and histological features of ten adult liver transplant recipients with post-transplant lymphoproliferative disorder presenting over a 15-year period and *review* the therapeutic options. METHODS: *CD20* /CD45RO immunostaining was used for T/B-cell markers; polymerase chain reaction and in-situ hybridisation for Epstein-Barr virus genome detection; kappa/lambda immunostaining...

... lineage (9 tested); Epstein-Barr virus genome was detected in 7/10 cases. Three tumours were monoclonal; four were polyclonal and three undetermined. Treatment included *immunosuppression* reduction, antiviral therapy with acyclovir and/or chemotherapy (CHOP or VAPEC-B). Survival times for those patients not treated with chemotherapy were from 9 days...

3/3,K/2 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

12937680 BIOSIS NO.: 200100144829
The monoclonal antibodies campath-1H and Rituximab in the therapy of chronic lymphocytic leukemia.
AUTHOR: Schulz H(a); Winkler U; Staak J O; Engert A
AUTHOR ADDRESS: (a)Klinik I fuer Innere Medizin, Universitaet zu Koeln, Joseph-Stelzmann-Strasse 9, E01B, R202, D-50924, Koeln: Holger.Schulz@uni-koeln.de**Germany
JOURNAL: Onkologie 23 (6):p526-532 Dezember, 2000
MEDIUM: print
ISSN: 0378-584X
DOCUMENT TYPE: Literature Review
RECORD TYPE: Abstract
LANGUAGE: English
SUMMARY LANGUAGE: English; German

...ABSTRACT: strategies. Monoclonal antibodies, either alone or conjugated to toxins or radioisotopes, are thus being actively investigated. In clinical trials the genetically engineered chimeric unconjugated anti-*CD20* antibody Rituximab and the humanized unconjugated anti-CD52 antibody Campath-1H achieved the most promising results in the treatment of patients with relapsed or refractory...
...response rates of up to 33% in a multicenter pivotal study. Furthermore, the potential risks of tumor lysis and anaphylaxia for both anti-bodies and *immunosuppression* particularly for Campath-1H must be taken into account. The present *review* will compare the development and the basic principles of these unconjugated monoclonal antibodies and consider their present and potential role in the treatment of patients...
DESCRIPTORS:
CHEMICALS & BIOCHEMICALS: *CD20* antigen...

3/3,K/3 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

12532150 BIOSIS NO.: 200000285652
Central nervous system Hodgkin's lymphoma without systemic manifestation: Case report and *review* of the literature.
AUTHOR: Herrlinger U; Klingel K; Meyermann R; Kandolf R; Kaiserling E; Kortmann R D; Melms A; Skalej M; Dichgans J; Weller M
AUTHOR ADDRESS: (a)Department of Neurology, University of Tuebingen, Hoppe-Seyler-Strasse 3, 72076, Tuebingen**Germany
JOURNAL: Acta Neuropathologica 99 (6):p709-714 June, 2000
MEDIUM: print.
ISSN: 0001-6322
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English
SUMMARY LANGUAGE: English

Central nervous system Hodgkin's lymphoma without systemic manifestation: Case report and *review* of the literature.

...ABSTRACT: left fronto-parietal mass. Histology revealed primary Hodgkin's lymphoma of the central nervous system with CD30, Epstein-Barr

virus (EBV) latent membrane protein and *CD20*-positive, CD45 (LCA)-negative Reed-Sternberg cells surrounded by T cells. Moreover, EBV-encoded RNA-1 (EBER-1) sequences and a monoclonal re-arrangement of ...
MISCELLANEOUS TERMS: ...*immunosuppression*;

3/3,K/4 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE

07804937 EMBASE No: 1999287528
Prenatal cellular transplantation
Albanese C.T.; Harrison M.R.
Dr. C.T. Albanese, University of California, Fetal Treatment Center, 513 Parnassus Ave, San Francisco, CA 94143-0570 United States
Seminars in Pediatric Surgery (SEMIN. PEDIATR. SURG.) (United States) 1999, 8/3 (101-108)
CODEN: SPSUE ISSN: 1055-8586
DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 71

...or enzyme defects diagnosed early prenatally. Similarly, if cellular transplantation can induce tolerance, postnatal solid organ transplantation may be performed without the need for chronic *immunosuppression* or with a reduced risk of graft-versus- host disease. This *review* presents experimental data from the late 1940s until the present for both small and large animal models; it also describes the limited clinical experience with ...
DRUG DESCRIPTORS:
cd34 antigen; cd38 antigen; common acute lymphoblastic leukemia antigen; cd14 antigen; cd56 antigen; cd16 antigen; microsomal aminopeptidase; cd19 antigen; *cd20* antigen

3/3,K/5 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE

07098862 EMBASE No: 1997380726
The clinical diversity and role of chemotherapy in lymphoproliferafive disorder in liver transplant recipients
McCarthy M.; Ramage J.; McNair A.; Gane E.; Portmann B.; Pagliuca A.; Rela M.; Heaton N.; Mufti G.J.; Williams R.
B. Portmann, Institute of Liver Studies, King's College Hospital, Denmark Hill, London SE5 9RS United Kingdom
AUTHOR EMAIL: E.Withrington@kcl.ac.uk
Journal of Hepatology (J. HEPATOL.) (Denmark) 1997, 27/6 (1015-1021)
CODEN: JOHEE ISSN: 0168-8278
DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 28

...We present the clinical and histological features of ten adult liver transplant recipients with post-transplant lymphoproliferative disorder presenting over a 15-year period and *review* the therapeutic options. Methods: *CD20*/CD45RO immunostaining was used for T/B- cell markers; polymerase chain reaction and in-situ hybridisation for Epstein-Barr virus genome detection; kappa/lambda immunostaining...
...lineage (9 tested); Epstein-Barr virus genome was detected in 7/10 cases. Three tumours were monoclonal; four were polyclonal and three undetermined. Treatment included *immunosuppression* reduction, antiviral therapy with acyclovir and/or chemotherapy (CHOP or VAPEC-B). Survival times for those patients not treated with chemotherapy were from 9 days...
DRUG DESCRIPTORS:

bleomycin--drug administration--ad; bleomycin--drug dose--do; bleomycin --drug therapy--dt; bleomycin--drug combination--cb; *cd20* antigen --endogenous compound--ec; cd45 antigen--endogenous compound--ec; cyclophosphamide--drug combination--cb; cyclophosphamide--drug therapy--dt; cyclophosphamide--drug administration--ad; cyclophosphamide--drug dose--do
...

3/3,K/6 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE

06511604 EMBASE No: 1996176936
Mechanisms of *immunosuppression* induced by antithymocyte globulins and OKT3
Bonnefoy-Berard N.; Revillard J.-P.
INSERM U80, Pavillon P, Hopital E. Herriot,69437 Lyon Cedex 03 France
Journal of Heart and Lung Transplantation (J. HEART LUNG TRANSPLANT.) (United States) 1996, 15/5 (435-442)
CODEN: JHLTE ISSN: 1053-2498
DOCUMENT TYPE: Journal; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

Mechanisms of *immunosuppression* induced by antithymocyte globulins and OKT3
DRUG DESCRIPTORS:
...endogenous compound--ec; alloantigen; azathioprine; cd11b antigen --endogenous compound--ec; cd18 antigen--endogenous compound--ec; cd19 antigen--endogenous compound--ec; cd2 antigen--endogenous compound--ec; *cd20* antigen--endogenous compound--ec; cd4 antigen--endogenous compound --ec; cd8 antigen--endogenous compound--ec; complement component c3d receptor--endogenous compound--ec; corticosteroid; gamma interferon --endogenous...
MEDICAL DESCRIPTORS:
...pc; graft rejection--drug therapy--dt; graft versus host reaction--drug therapy--dt; human; lymphocyte depletion--side effect--si; opsonization; organ transplantation; phagocytosis; priority journal; *review*; signal transduction; t lymphocyte activation
?ds

Set	Items	Description
S1	140	(IMMUNOSUPPRESSION) AND (CD20 OR BP35)
S2	9	S1 AND REVIEW
S3	6	RD (unique items)

```
?s s1 and (rituxan or rituximab)
            140  S1
            311  RITUXAN
           1653  RITUXIMAB
      S4    23  S1 AND (RITUXAN OR RITUXIMAB)
?rd
...completed examining records
      S5    13  RD (unique items)
?t s5/3,k/all
```

5/3,K/1 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

11708195 21411446 PMID: 11520779
Detection of gammopathy by serum protein electrophoresis for predicting and managing therapy of lymphoproliferative disorder in 911 recipients of liver transplants.
Lemoine A; Pham P; Azoulay D; Saliba F; Emile JF; Saffroy R; Broet P; Bismuth H; Samuel D; Debuire B
Service de Biochimie et Biologie Moleculaire, Hopital Paul Brousse, Faculte de Medecine Paris-Sud et Assistance Publique de Paris, Villejuif, France. antoinette.lemoine@pbr.ap-hop.paris.fr

Blood (United States) Sep 1 2001, 98 (5) p1332-8, ISSN 0006-4971
Journal Code: A8G
Languages: ENGLISH
Document type: Evaluation Studies; Journal Article
Record type: Completed

... transplantation (RR, 7.5), and viral cirrhosis (RR, 2.8) to be independent prognostic factors associated with occurrence of LPD. LPD was treated by reducing *immunosuppression* , with or without chemotherapy, administration of anti-*CD20* monoclonal antibody, or surgery. The mortality rate was 24% (5 of 21 patients). Remission, which occurred in 13 patients, was associated with disappearance of gammopathy...
; Adult; Antibodies, Monoclonal--therapeutic use--TU; Antineoplastic Agents--therapeutic use--TU; Diagnostic Imaging; Follow-Up Studies; *Immunosuppression*--adverse effects--AE; Incidence; Lymphoproliferative Disorders--diagnosis--DI; Lymphoproliferative Disorders--epidemiology--EP; Lymphoproliferative Disorders--etiology--ET; Lymphoproliferative Disorders--therapy--TH; Middle Age; Paraproteins--analysis--AN...
Chemical Name: Antibodies, Monoclonal; Antineoplastic Agents; Immunoglobulins; Neoplasm Proteins; Paraproteins; Tumor Markers, Biological ; *rituximab*

5/3,K/2 (Item 2 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

11683847 21342148 PMID: 11448808
Treatment of post-transplant lymphoproliferative disorder with monoclonal *CD20* antibody (*rituximab*) after heart transplantation.
Zilz ND; Olson LJ; McGregor CG
Department of Cardiovascular Diseases May Clinic, Rochester, Minnesota 55905, USA. zilz.nathan@mayo.edu
Journal of heart and lung transplantation (United States) Jul 2001, 20 (7) p770-2, ISSN 1053-2498 Journal Code: A0Q
Languages: ENGLISH
Document type: Journal Article
Record type: Completed

Treatment of post-transplant lymphoproliferative disorder with monoclonal *CD20* antibody (*rituximab*) after heart transplantation.
... of organ transplantation. It most often results from an Epstein-Barr virus (EBV)-transformed B-cell clone, which expresses B-cell surface markers such as *CD20*. We describe a case of a heart transplant recipient who EBV seroconverted post-transplant and subsequently developed subcutaneous and lymphatic B-cell lymphoma, successfully treated with *CD20* antibody (*rituximab*). The patient has been in remission during 10 months of clinical follow-up.
; Antigens, *CD20*--analysis--AN; Child; Epstein-Barr Virus Infections --blood--BL; Epstein-Barr Virus Infections--drug therapy--DT; *Immunosuppression*--adverse effects--AE; Lymphoproliferative Disorders --diagnosis--DI; Tumor Markers, Biological--analysis--AN
Chemical Name: Antibodies, Monoclonal; Antigens, *CD20*; Antineoplastic Agents; Tumor Markers, Biological; *rituximab*

5/3,K/3 (Item 3 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

11383592 21311652 PMID: 11418370
Anti-*CD20* antibody (*rituximab*) administration in patients with late occurring lymphomas after solid organ transplant.
Dotti G; Rambaldi A; Fiocchi R; Motta T; Torre G; Viero P; Gridelli B; Barbui T
Divisions of Hematology, Ospedali Riuniti di Bergamo, Italy.
Haematologica (Italy) Jun 2001, 86 (6) p618-23, ISSN 0390-6078
Journal Code: FYB

Languages: ENGLISH
Document type: Journal Article
Record type: In Process

Anti-*CD20* antibody (*rituximab*) administration in patients with late occurring lymphomas after solid organ transplant.

BACKGROUND AND OBJECTIVES. Aggressive diffuse large cell non-Hodgkin's lymphoma (DLCL) occurring late after a solid organ transplant fails to regress after discontinuation of *immunosuppression* . Moreover, chemotherapy treatment is associated with a high mortality rate due to severe toxicity. Since the majority of post-transplant lymphoproliferative disorders derive from B-lineage lymphocytes, the administration of anti-B monoclonal antibodies represents a rational therapeutic option. DESIGN AND METHODS. Five patients who developed *CD20*-positive DLCL more than two years after heart or liver transplantation were treated with a weekly chemotherapy program (2 patients), radiotherapy (2 patients) and surgery (1 patient) followed by a minimum of 4 intravenous doses of *rituximab* (375 mg/m2). RESULTS. A favorable clinical outcome was observed in three patients in whom surgery or radiotherapy had produced significant tumor debulking. Only a partial clinical effect was documented in the two patients with advanced clinical stage disease. INTERPRETATION AND CONCLUSIONS. *Rituximab* can be safely administered to patients with aggressive *CD20* -positive DLCL occurring late after a solid organ transplant. However, a positive clinical outcome may be expected only in patients in whom surgery or radiotherapy...

5/3,K/4 (Item 4 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

10543127 20197672 PMID: 10735625

***Rituximab* (anti-*CD20* monoclonal antibody) for the treatment of patients with clonal lymphoproliferative disorders after orthotopic liver transplantation: a report of three cases.**

Zompi S; Tulliez M; Conti F; Leblond V; Gaulard P; Blanche P; Durand F; Ghandi D; Dreyfus F; Louvel A; Calmus Y; Bouscary D
Service d'Hematologie, Hopital Cochin, Paris, France.
Journal of hepatology (DENMARK) Mar 2000, 32 (3) p521-7, ISSN 0168-8278 Journal Code: IBS
Languages: ENGLISH
Document type: Journal Article
Record type: Completed

***Rituximab* (anti-*CD20* monoclonal antibody) for the treatment of patients with clonal lymphoproliferative disorders after orthotopic liver transplantation: a report of three cases.**

... PT-LPD) are a well-known complication of organ transplantation. Their incidence after liver transplantation in adults ranges from 1.8 to 4%. Reduction of *immunosuppression* led to remission in a few cases. Other treatments include chemotherapy, interferon alpha therapy and/or intravenous-immunoglobulins, or antiviral drugs. However, monoclonal antibodies directed against B-cell specific antigens have rarely been used in those patients. Our aim was to study the feasibility and efficacy of *Rituximab*, a new, promising human chimeric antibody that recognizes the *CD20* antigen, for the treatment of patients with clonal lymphoproliferative disorders after orthotopic liver transplantation. METHODS: *Rituximab* (IDEC-C2HB8; Roche Laboratories, Neuilly-sur-Seine, France) was administered at a 375 mg/m2 dose on days 1, 8, 15, and 22, in an...

... classified as polymorphic PT-LPD in two cases and PT-LPD with features of large cell lymphoma in one case. All the tumors expressed the *CD20* antigen and were EBV-related, and the clonality was confirmed in all three cases. The 4 injections of the anti-*CD20* monoclonal antibody were associated with reduced *immunosuppression* in the three patient. RESULTS: The treatment with *Rituximab* was well tolerated without any side effects.

The two patients with polymorphic PT-LPDs underwent rapid complete remission, whereas the treatment modalities were ineffective in...

... Hodgkin-lymphoma. CONCLUSION: These results must be confirmed in a larger cohort of liver transplant recipients suffering from lymphoproliferation. However, they indicate rapid efficiency of *Rituximab* in association with reduced *immunosuppression* in these disorders.
Chemical Name: Antibodies, Monoclonal; *rituximab*

5/3,K/5 (Item 5 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

10481265 20107430 PMID: 10642818
Use of *rituximab* and irradiated donor-derived lymphocytes to control Epstein-Barr virus-associated lymphoproliferation in patients undergoing related haplo-identical stem cell transplantation.
McGuirk JP; Seropian S; Howe G; Smith B; Stoddart L; Cooper DL
Blood and Marrow Transplant Program, Yale University School of Medicine, New Haven, Connecticut 06520-8032, USA.
Bone marrow transplantation (ENGLAND) Dec 1999, 24 (11) p1253-8,
ISSN 0268-3369 Journal Code: BON
Languages: ENGLISH
Document type: Journal Article
Record type: Completed

Use of *rituximab* and irradiated donor-derived lymphocytes to control Epstein-Barr virus-associated lymphoproliferation in patients undergoing related haplo-identical stem cell transplantation.
... cell transplantation. We report here two patients who underwent T cell-depleted mismatched-related stem cell transplantation for hematologic malignancies and required aggressive post-transplant *immunosuppression* for graft-versus host disease (GVHD). Both patients subsequently developed markedly elevated EBV-DNA titers in association with monoclonal, light chain-restricted B cell populations...

...potentially curative therapy with unmanipulated donor-derived lymphocyte infusions (DLI) because of the substantial risk of severe GVHD. Therefore, both patients received repeated courses of *rituximab*, an anti-*CD20* monoclonal antibody, in combination with irradiated DLI. This therapeutic strategy resulted in normalization of the elevated EBV-DNA titers and disappearance of the monoclonal B cell populations. Our results suggest that *rituximab* and possibly irradiated DLI played an important role in controlling early EBV-LPD in these two patients and may be an effective alternative therapeutic strategy...
...; Donors; DNA, Viral--blood--BL; Graft vs Host Disease--drug therapy --DT; Hematologic Neoplasms--complications--CO; Hematologic Neoplasms --therapy--TH; Herpesvirus 4, Human--genetics--GE; *Immunosuppression* --adverse effects--AE; Lymphocytes--immunology--IM; Polymerase Chain Reaction
Chemical Name: Antibodies, Monoclonal; Antigens, Viral; Antineoplastic Agents; DNA, Viral; *rituximab*

5/3,K/6 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

13101346 BIOSIS NO.: 200100308495
Prolonged immune tolerance of renal allografts following treatment of post-transplant lymphoproliferative disorder (PTLD) using *rituximab* (R)-based regimens.
AUTHOR: Venugopal Parameswaran(a); Berkahn Leanne(a); Orlowski Janis M(a); Leslie William(a)
AUTHOR ADDRESS: (a)Rush Presbyterian St. Luke's Medical Center, Chicago, IL **USA

JOURNAL: Blood 96 (11 Part 2):p251b November 16, 2000
MEDIUM: print
CONFERENCE/MEETING: 42nd Annual Meeting of the American Society of Hematology San Francisco, California, USA December 01-05, 2000
SPONSOR: American Society of Hematology
ISSN: 0006-4971
RECORD TYPE: Abstract
LANGUAGE: English
SUMMARY LANGUAGE: English

Prolonged immune tolerance of renal allografts following treatment of post-transplant lymphoproliferative disorder (PTLD) using *rituximab* (R)-based regimens.

ABSTRACT: Background: R is an anti-*CD20* monoclonal antibody, which has significant activity in Non-Hodgkins lymphoma (NHL). Several recent studies have documented the activity of this agent alone or in combination...

...chemotherapy. However, none of these studies have documented any effects of the monoclonal antibody on the survival of the graft or on the requirement of *immunosuppression* following the therapy. Study: Here we report two patients in whom the graft function remained stable off *immunosuppression* for extended periods of time following R-based therapy. Patient 1 is a 34-year-old man with diffuse large cell NHL with extensive disease...

...on mycophenolate mofetil, tacrolimus and prednisone. Now, 30 months later, he remains in complete remission. Since therapy for lymphoma, he has never been on any *immunosuppression*. Patient 2 is a 49-year-old man who presented with multiple lesions in the mouth biopsy of which revealed diffuse large cell lymphoma. Further...

...on mycophenolate mofetil, tacrolimus and prednisone. Now, 18 months later, he remains in complete remission. Since therapy for lymphoma, he has never been on any *immunosuppression*. His graft function remains stable. Discussion: These two cases illustrate several interesting points. While a chemotherapy regimen like CHOP is expected to cause *immunosuppression*, enough to keep the patients off their regular *immunosuppression* during the chemotherapy, this does not explain the absence of rejection off these medications. Unlike chemotherapy, R remains in circulation for prolonged periods of time. It is possible that the antibody contributed to the immune tolerance. A subset of T cells expresses *CD20* and it is likely that the activity of R in this situation is mediated through damage to these T cells. Further studies are ongoing to...

...REGISTRY NUMBERS: *RITUXIMAB*
DESCRIPTORS:
CHEMICALS & BIOCHEMICALS: *rituximab* {anti-*CD20* monoclonal antibody
...

5/3,K/7 (Item 2 from file: 5)

13101333 BIOSIS NO.: 200100308482
Successful treatment of 2 patients with B-cell post-transplant lymphoproliferative disorders with *rituximab*.
AUTHOR: Riggs S A(a); Radovancevic B(a); Massin E K(a); Radovancevic R(a); Bracey A W(a); Heslop H E; Cabanillas F; Frazier O H(a)
AUTHOR ADDRESS: (a)Texas Heart Institute, Houston, TX**USA
JOURNAL: Blood 96 (11 Part 2):p246b November 16, 2000
MEDIUM: print
CONFERENCE/MEETING: 42nd Annual Meeting of the American Society of Hematology San Francisco, California, USA December 01-05, 2000

SPONSOR: American Society of Hematology
ISSN: 0006-4971
RECORD TYPE: Abstract
LANGUAGE: English
SUMMARY LANGUAGE: English

Successful treatment of 2 patients with B-cell post-transplant lymphoproliferative disorders with *rituximab*.

ABSTRACT: *Rituximab* (anti-*CD20*) has recently been successfully used in the treatment of patients with post-transplant lymphoproliferative disorders (PTLD). We report one patient who had a dramatic overnight...

...of cyclosporine A and azathioprine with substitution of Prednisone 10 mg and oral cyclophosphamide 1 mg/kg daily, along with acyclovir. On the same day, *rituximab* 375 mg/m2 was given, with a subsequent severe allergic reaction which responded to slowing the infusion. Within 12 hours, he had dramatic reduction in...

...elevated to 4000 copies/mug peripheral blood DNA (nl 0-400), and fell to 0 following the first treatment. Complete remission (CR) occurred following 4 *rituximab* treatments. He remains in CR 14 months later, on low dose cyclosporine A *immunosuppression*. Patient 2 was a 62 year old male S/P orthotopic cardiac transplant 11/89 for ischemic cardiomyopathy. He presented 9/99 with stage IVA...

...stent, continuous venovenous hemodialysis, discontinuation of chronic cyclosporine A and azathioprine with substitution of oral cyclophosphamide 1 mg/kg/day, acyclovir, and 8 doses of *rituximab* 375 mg/m2 IV. There was a slight decrease in the size of abdominal mass following the first *rituximab* dose, with resolution of the tumor lysis syndrome, allowing hyperCVAD (pulse cyclophosphamide, adriamycin, vincristine, decadron) to be initiated 2 weeks later. He achieved a CR which was sustained until he died of an arrhythmia 6 months following diagnosis of PTLD. *Rituximab* offers an effective new addition to the current treatment of PTLD, even in patients with advanced bulky disease.
...REGISTRY NUMBERS: *RITUXIMAB*
DESCRIPTORS:
CHEMICALS & BIOCHEMICALS: ...*rituximab*--

5/3,K/8 (Item 3 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

13101326 BIOSIS NO.: 200100308475
***Rituximab* and immune modulation post unrelated donor transplant as treatment for refractory Burkitt's-like lymphoma.**
AUTHOR: McGuirk J P(a); Dix S P(a); Belt R J(a)
AUTHOR ADDRESS: (a)Oncology and Hematology Associates, Saint Luke's Hospital, Kansas City, MO**USA
JOURNAL: Blood 96 (11 Part 2):p242b November 16, 2000
MEDIUM: print
CONFERENCE/MEETING: 42nd Annual Meeting of the American Society of Hematology San Francisco, California, USA December 01-05, 2000
SPONSOR: American Society of Hematology
ISSN: 0006-4971
RECORD TYPE: Abstract
LANGUAGE: English
SUMMARY LANGUAGE: English

***Rituximab* and immune modulation post unrelated donor transplant as treatment for refractory Burkitt's-like lymphoma.**

...ABSTRACT: he presented with an increasing LDH, leg pain, fever, and thrombocytopenia. EBV DNA was negative and a bone marrow evaluation

demonstrated a monomorphic population of *CD20*+ monoclonal B-cells and cytogenetic abnormalities including t(8;14) consistent with the original diagnosis. *Immunosuppression* was withdrawn to elicit a graft-versus-lymphoma effect. Weekly *rituximab*, 375mg/m2, was also initiated. He had a complete response as evidenced by rapid normalization of LDH, resolution of leg pain, and subsequent bone marrow demonstrating no evidence of lymphoma. Six weeks after discontinuation of *immunosuppression*, he again developed GVHD. His symptoms resolved after initiation of corticosteroids, but he had recurrence of NHL confirmed by MRI and PET scan. Bone marrow evaluation demonstrated full donor chimerism with no evidence of lymphoma. Following withdrawal of steroids and re-initiation of *rituximab* along with initiation of interferon-alpha, 2 mil U/m2/d, he again experienced an excellent response to therapy. He received a donor lymphocyte infusion...

...GVHD requiring initiation of steroids which resulted in recurrence of his disease. He remains alive at 330 days post MUD PBSCT and is maintained on *rituximab* and interferon alpha. This case demonstrates a remarkable remission induction of a chemotherapy refractory Burkitt's-like lymphoma through administration of *rituximab* and withdrawal of *immunosuppression*. Recurrent disease upon cessation of *rituximab* and initiation of *immunosuppression* to treat GVHD, with a subsequent remission induced again by re-institution of *rituximab* and a rapid taper of steroids, confirmed this tumor's immunologic sensitivity.
...REGISTRY NUMBERS: *RITUXIMAB*
DESCRIPTORS:
CHEMICALS & BIOCHEMICALS: *rituximab*--

5/3,K/9 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

13098780 BIOSIS NO.: 200100305929
Posttransplant lymphoproliferative disorder after non myeloablative stem cell transplantation.
AUTHOR: Arat Mutlu(a); Gurman Gunhan(a); Celebi Harika(a); Soydan Ender(a); Kuzu Ibynsu; Koc Haluk(a)
AUTHOR ADDRESS: (a)Hematology, Ankara University Medical School, Ibni Sina Hospital, Sihhiye, Ankara**Turkey
JOURNAL: Blood 96 (11 Part 2):p345b November 16, 2000
MEDIUM: print
CONFERENCE/MEETING: 42nd Annual Meeting of the American Society of Hematology San Francisco, California, USA December 01-05, 2000
SPONSOR: American Society of Hematology
ISSN: 0006-4971
RECORD TYPE: Abstract
LANGUAGE: English
SUMMARY LANGUAGE: English

...ABSTRACT: engraftment and a mixed chimeric status, which can be sustained by repeated donor leukocyte infusions (DLI). In spite of reduced side effects of myeloablation, heavy *immunosuppression* caused by Fludarabine-ATG based non-myeloablative (NMA) conditioning regimens may have unexpected consequents in the recipients. We describe a 38 year old male CML...

...immunosuppressive drugs were stopped and non-specific antiviral therapy was started. The testicular excisional biopsy and bone marrow trephine biopsy was reported as B- cell (*CD20*+, CD10+, CD43+) lymphoproliferative disorder. Though vigorous examination for EBV infection was negative, the patient was diagnosed as post transplant lymphoproliferative disorder and treated with COP. Because of the temporary regression of testicular lesion we treated the patient with *CD20* monoclonal antibody (*rituximab*) and did not attempt to DLI because of extensive cGVHD. The patient did no respond to *rituximab* and

died of progressive disease and underlying cGVHD in four months. Heavy *immunosuppression* (ATG, Fludarabine, CsA) used in NMA may have unexpected consequences. We described the fatal course of a refractory PTLD, in a blastic phase CML patient...

5/3,K/10 (Item 5 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

12937680 BIOSIS NO.: 200100144829
The monoclonal antibodies campath-1H and *Rituximab* in the therapy of chronic lymphocytic leukemia.
AUTHOR: Schulz H(a); Winkler U; Staak J O; Engert A
AUTHOR ADDRESS: (a)Klinik I fuer Innere Medizin, Universitaet zu Koeln, Joseph-Stelzmann-Strasse 9, E01B, R202, D-50924, Koeln: Holger.Schulz@uni-koeln.de**Germany
JOURNAL: Onkologie 23 (6):p526-532 Dezember, 2000
MEDIUM: print
ISSN: 0378-584X
DOCUMENT TYPE: Literature Review
RECORD TYPE: Abstract
LANGUAGE: English
SUMMARY LANGUAGE: English; German

The monoclonal antibodies campath-1H and *Rituximab* in the therapy of chronic lymphocytic leukemia.

...ABSTRACT: strategies. Monoclonal antibodies, either alone or conjugated to toxins or radioisotopes, are thus being actively investigated. In clinical trials the genetically engineered chimeric unconjugated anti-*CD20* antibody *Rituximab* and the humanized unconjugated anti-CD52 antibody Campath-1H achieved the most promising results in the treatment of patients with relapsed or refractory low-grade non-Hodgkin's lymphoma. Thus far there is only little clinical experience with *Rituximab* in patients with CLL, and the exact role of these agent in the treatment of CLL has still to be determined in ongoing and future trials. As a single agent Campath-1H showed more clinical activity in previously treated CLL patients than *Rituximab*, with response rates of up to 33% in a multicenter pivotal study. Furthermore, the potential risks of tumor lysis and anaphylaxia for both anti-bodies and *immunosuppression* particularly for Campath-1H must be taken into account. The present review will compare the development and the basic principles of these unconjugated monoclonal antibodies...
DESCRIPTORS:
CHEMICALS & BIOCHEMICALS: *CD20* antigen...

...*rituximab* monoclonal antibody

5/3,K/11 (Item 6 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

12314124 BIOSIS NO.: 200000071991
Overview of posttransplant B-cell lymphoproliferative disorders.
AUTHOR: Swinnen Lode J(a)
AUTHOR ADDRESS: (a)2160 S. First Ave., Bldg 112, Room 245, Maywood, IL**USA
JOURNAL: Seminars in Oncology 26 (5 SUPPL. 14):p21-25 Oct., 1999
ISSN: 0093-7754
DOCUMENT TYPE: Article
RECORD TYPE: Citation
LANGUAGE: English

...REGISTRY NUMBERS: *RITUXIMAB*
DESCRIPTORS:

CHEMICALS & BIOCHEMICALS: ...*rituximab*--...

...anti-*CD20* monoclonal antibody, antineoplastic-drug
MISCELLANEOUS TERMS: *immunosuppression*;

5/3,K/12 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE

11039637 EMBASE No: 2001071740
Successful treatment of aggressive post transplant lymphoproliferative disorder using *rituximab*
O'Dwyer M.E.; Launder T.; Rabkin J.M.; Nichols C.R.
Dr. M. O'Dwyer, Div. of Hematology/Medical Oncology, Department of Pathology, Oregon Health Sciences University, 3181 SW Sam Jackson Park Road, Portland, OR 97201 United States
AUTHOR EMAIL: odwyerm@ohsu.edu
Leukemia and Lymphoma (LEUK. LYMPHOMA) (United Kingdom) 2000, 39/3-4 (411-419)
CODEN: LELYE ISSN: 1042-8194
DOCUMENT TYPE: Journal ; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 14

Successful treatment of aggressive post transplant lymphoproliferative disorder using *rituximab*

...Epstein-Barr virus positive, lymphoproliferative disorder involving the brain and liver 4 months following a combined kidney/pancreas transplant. Following a brief trial of reduced *immunosuppression*, she was treated with *rituximab*. Despite subsequent re-intensification of *immunosuppression*, the lesions showed continued regression with almost complete disappearance by 5 months. *Rituximab* appears to be a safe, effective treatment for post transplant lymphoproferative disorder.
DRUG DESCRIPTORS:
**rituximab*--drug dose--do; **rituximab*--drug therapy--dt; **rituximab*--pharmacology--pd
...endogenous compound--ec; creatinine--endogenous compound--ec; bilirubin--endogenous compound--ec; lactate dehydrogenase--endogenous compound--ec; alkaline phosphatase--endogenous compound--ec; cyclosporin--drug therapy--dt; *CD20* antigen--endogenous compound--ec; messenger RNA--endogenous compound--ec; virus RNA--endogenous compound--ec; latent membrane protein 1--endogenous compound--ec; immunoglobulin kappa chain--endogenous...
CAS REGISTRY NO.: 174722-31-7 (*rituximab*); 82410-32-0 (ganciclovir); 8064-90-2 (cotrimoxazole); 57-13-6 (urea); 19230-81-0...

5/3,K/13 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE

10680447 EMBASE No: 2000163347
Anti-*CD20* monoclonal antibody therapy in Epstein-Barr virus-associated B cell lymphoma following lung transplantation
Reynaud-Gaubert M.; Stoppa A.M.; Gaubert J.-Y.; Thomas P.; Fuentes P.
Dr. M. Reynaud-Gaubert, Service de Chirurgie Thoracique, Hopital Sainte-Marguerite, BP 29, 13274 Marseille Cedex 9 France
AUTHOR EMAIL: mreynaud@mail.ap-hm.fr
Journal of Heart and Lung Transplantation (J. HEART LUNG TRANSPLANT.) (United States) 2000, 19/5 (492-495)
CODEN: JHLTE ISSN: 1053-2498
PUBLISHER ITEM IDENTIFIER: S1053249800000875
DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 23

Anti-*CD20* monoclonal antibody therapy in Epstein-Barr virus-associated B cell lymphoma following lung transplantation

Post-transplant lymphoproliferative disease is a complication of bone marrow and solid organ transplantation, mostly associated with Epstein-Barr virus infection and chronic *immunosuppression*. Even if spontaneous resolution after cessation of immunosuppressive therapy can be observed, the prognosis of this disorder is usually poor with a low response to...

...nasopharynx occurring 6 months after double-lung transplantation. In spite of its monoclonal nature, anti-CD 20 monoclonal antibody given in the presence of reduced *immunosuppression* resulted in a complete response. The patient also received 'consolidation' radiation therapy to prevent the recurrence. The treatment was well tolerated with minimal side effects...
BRAND NAME/MANUFACTURER NAME: *rituximab*
DRUG DESCRIPTORS:
**CD20* antigen--endogenous compound--ec; **rituximab*--pharmacology--pd; *
rituximab--drug therapy--dt; **rituximab*--drug dose--do; *valaciclovir
--pharmacology--pd; *valaciclovir--drug therapy--dt; *valaciclovir--drug
dose--do
CAS REGISTRY NO.: 174722-31-7 (*rituximab*); 124832-26-4 (valaciclovir)
?
PLEASE ENTER A COMMAND OR BE LOGGED OFF IN 5 MINUTES
?ds

```
Set     Items   Description
S1        140   (IMMUNOSUPPRESSION) AND (CD20 OR BP35)
S2          9   S1 AND REVIEW
S3          6   RD (unique items)
S4         23   S1 AND (RITUXAN OR RITUXIMAB)
S5         13   RD (unique items)
?s s1 and (graft or transplant or transplation)
             140  S1
          347866  GRAFT
          150397  TRANSPLANT
              28  TRANSPLATION
      S6      54  S1 AND (GRAFT OR TRANSPLANT OR TRANSPLATION)
?s s1 and (graft or transplant or transplantation)
             140  S1
          347866  GRAFT
          150397  TRANSPLANT
         1262259  TRANSPLANTATION
      S7      92  S1 AND (GRAFT OR TRANSPLANT OR TRANSPLANTATION)
?s s7 and review
             92  S7
         1258724  REVIEW
      S8      8  S7 AND REVIEW
?rd
...completed examining records
      S9      5  RD (unique items)
?t s9/3,k/all
```

9/3,K/1 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

09646508 98114172 PMID: 9453427
The clinical diversity and role of chemotherapy in lymphoproliferative disorder in liver *transplant* recipients.
McCarthy M; Ramage J; McNair A; Gane E; Portmann B; Pagliuca A; Rela M; Heaton N; Mufti GJ; Williams R
Institute of Liver Studies, King's College Hospital and King's College School of Medicine and Dentistry, London, UK.
Journal of hepatology (DENMARK) Dec 1997, 27 (6) p1015-21, ISSN 0168-8278 Journal Code: IBS
Languages: ENGLISH

Document type: Journal Article
Record type: Completed

The clinical diversity and role of chemotherapy in lymphoproliferative disorder in liver *transplant* recipients.

BACKGROUND/AIMS: Post-*transplant* lymphoproliferative disorder is a well-documented complication with an incidence ranging from 2 to 10%, depending on the organ transplanted. Yet despite our increased understanding...

...this disease and the various treatments available, the mortality remains high at 60-80%. We present the clinical and histological features of ten adult liver *transplant* recipients with post-*transplant* lymphoproliferative disorder presenting over a 15-year period and *review* the therapeutic options. METHODS: *CD20*/CD45RO immunostaining was used for T/B-cell markers; polymerase chain reaction and in-situ hybridisation for Epstein-Barr virus genome detection; kappa/lambda immunostaining and gene rearrangement analysis for clonality. RESULTS: There were six females and four males (age range 24-56) with onset of post-*transplant* lymphoproliferative disorder-symptoms ranging from 3 to 72 months post *transplant*. Sites of post-*transplant* lymphoproliferative disorder included liver (n=4), lymph nodes (n=5), bone marrow (n=2), lungs (n=2), kidneys (n=2), brain, ovaries,: and pancreas (n...

... lineage (9 tested); Epstein-Barr virus genome was detected in 7/10 cases. Three tumours were monoclonal; four were polyclonal and three undetermined. Treatment included *immunosuppression* reduction, antiviral therapy with acyclovir and/or chemotherapy (CHOP or VAPEC-B). Survival times for those patients not treated with chemotherapy were from 9 days...

Descriptors: Herpesviridae Infections--drug therapy--DT; *Herpesvirus 4, Human; *Liver *Transplantation*--adverse effects--AE; *Lymphoproliferative Disorders--drug therapy--DT; *Tumor Virus Infections--drug therapy--DT

9/3,K/2 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

12937680 BIOSIS NO.: 200100144829

The monoclonal antibodies campath-1H and Rituximab in the therapy of chronic lymphocytic leukemia.

AUTHOR: Schulz H(a); Winkler U; Staak J O; Engert A
AUTHOR ADDRESS: (a)Klinik I fuer Innere Medizin, Universitaet zu Koeln, Joseph-Stelzmann-Strasse 9, E01B, R202, D-50924, Koeln: Holger.Schulz@uni-koeln.de**Germany
JOURNAL: Onkologie 23 (6):p526-532 Dezember, 2000
MEDIUM: print
ISSN: 0378-584X
DOCUMENT TYPE: Literature Review
RECORD TYPE: Abstract
LANGUAGE: English
SUMMARY LANGUAGE: English; German

...ABSTRACT: is a need for new therapeutic approaches with different mechanism of action to eliminate these residual cells. These approaches include allogeneic or autologous stem cell *transplantation* as well as immunotherapeutic strategies. Monoclonal antibodies, either alone or conjugated to toxins or radioisotopes, are thus being actively investigated. In clinical trials the genetically engineered chimeric unconjugated anti-*CD20* antibody Rituximab and the humanized unconjugated anti-CD52 antibody Campath-1H achieved the most promising results in the treatment of patients with relapsed or refractory...

...response rates of up to 33% in a multicenter pivotal study. Furthermore, the potential risks of tumor lysis and anaphylaxia for both anti-bodies and *immunosuppression* particularly for Campath-1H must be taken into

account. The present *review* will compare the development and the basic principles of these unconjugated monoclonal antibodies and consider their present and potential role in the treatment of patients...
DESCRIPTORS:
CHEMICALS & BIOCHEMICALS: *CD20* antigen...

9/3,K/3 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE

07804937 EMBASE No: 1999287528
Prenatal cellular *transplantation*
Albanese C.T.; Harrison M.R.
Dr. C.T. Albanese, University of California, Fetal Treatment Center, 513 Parnassus Ave, San Francisco, CA 94143-0570 United States
Seminars in Pediatric Surgery (SEMIN. PEDIATR. SURG.) (United States) 1999, 8/3 (101-108)
CODEN: SPSUE ISSN: 1055-8586
DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 71

Prenatal cellular *transplantation*

Based on the ontogeny of fetal immunologic development, the strategy of fetal cellular *transplantation* may prove to be the most physiological way to achieve replacement of abnormal hemoglobin, immune cells, or enzyme defects diagnosed early prenatally. Similarly, if cellular *transplantation* can induce tolerance, postnatal solid organ *transplantation* may be performed without the need for chronic *immunosuppression* or with a reduced risk of *graft*-versus- host disease. This *review* presents experimental data from the late 1940s until the present for both small and large animal models; it also describes the limited clinical experience with prenatal cellular *transplantation*.
DRUG DESCRIPTORS:
cd34 antigen; cd38 antigen; common acute lymphoblastic leukemia antigen; cd14 antigen; cd56 antigen; cd16 antigen; microsomal aminopeptidase; cd19 antigen; *cd20* antigen
MEDICAL DESCRIPTORS:
*cell *transplantation*
prenatal period; stem cell *transplantation*; immunological tolerance; chimera; bone marrow *transplantation*; ontogeny; hematopoietic system; cell maturation; helper cell; t lymphocyte subpopulation; natural killer cell; immune deficiency; metabolic disorder; hemoglobinopathy; *graft* versus host reaction; nonhuman; mouse; animal experiment; embryo; fetus; article; priority journal
SECTION HEADINGS:
010 Obstetrics and Gynecology
021 Developmental Biology and Teratology
026 Immunology, Serology and *Transplantation*

9/3,K/4 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE

07098862 EMBASE No: 1997380726
The clinical diversity and role of chemotherapy in lymphoproliferafive disorder in liver *transplant* recipients
McCarthy M.; Ramage J.; McNair A.; Gane E.; Portmann B.; Pagliuca A.; Rela M.; Heaton N.; Mufti G.J.; Williams R.
B. Portmann, Institute of Liver Studies, King's College Hospital, Denmark Hill, London SE5 9RS United Kingdom
AUTHOR EMAIL: E.Withrington@kcl.ac.uk
Journal of Hepatology (J. HEPATOL.) (Denmark) 1997, 27/6 (1015-1021)

CODEN: JOHEE ISSN: 0168-8278
DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 28

The clinical diversity and role of chemotherapy in lymphoproliferafive disorder in liver *transplant* recipients

Background/Aims: Post-*transplant* lymphoproliferative disorder is a well- documented complication with an incidence ranging from 2 to 10%, depending on the organ transplanted. Yet despite our increased understanding...
...this disease and the various treatments available, the mortality remains high at 60-80%. We present the clinical and histological features of ten adult liver *transplant* recipients with post-*transplant* lymphoproliferative disorder presenting over a 15-year period and *review* the therapeutic options. Methods: *CD20*/CD45RO immunostaining was used for T/B- cell markers; polymerase chain reaction and in-situ hybridisation for Epstein-Barr virus genome detection; kappa/lambda immunostaining and gene rearrangement analysis for clonality. Results: There were six females and four males (age range 24-56) with onset of post-*transplant* lymphoproliferative disorder-symptoms ranging from 3 to 72 months post *transplant*. Sites of post-*transplant* lymphoproliferative disorder included liver (n=4), lymph nodes (n=5), bone marrow (n=2), lungs (n= 2), kidneys (n=2), brain, ovaries, : and pancreas (n...

...lineage (9 tested); Epstein-Barr virus genome was detected in 7/10 cases. Three tumours were monoclonal; four were polyclonal and three undetermined. Treatment included *immunosuppression* reduction, antiviral therapy with acyclovir and/or chemotherapy (CHOP or VAPEC-B). Survival times for those patients not treated with chemotherapy were from 9 days...
DRUG DESCRIPTORS:
bleomycin--drug administration--ad; bleomycin--drug dose--do; bleomycin --drug therapy--dt; bleomycin--drug combination--cb; *cd20* antigen --endogenous compound--ec; cd45 antigen--endogenous compound--ec; cyclophosphamide--drug combination--cb; cyclophosphamide--drug therapy--dt; cyclophosphamide--drug administration--ad; cyclophosphamide--drug dose--do
...
MEDICAL DESCRIPTORS:
*liver *transplantation*; *lymphoproliferative disease--etiology--et; * lymphoproliferative disease--drug therapy--dt; *lymphoproliferative disease --diagnosis--di; *lymphoproliferative disease--complication--co

9/3,K/5 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE

06511604 EMBASE No: 1996176936
Mechanisms of *immunosuppression* induced by antithymocyte globulins and OKT3
Bonnefoy-Berard N.; Revillard J.-P.
INSERM U80, Pavillon P, Hopital E. Herriot,69437 Lyon Cedex 03 France
Journal of Heart and Lung Transplantation (J. HEART LUNG TRANSPLANT.) (United States) 1996, 15/5 (435-442)
CODEN: JHLTE ISSN: 1053-2498
DOCUMENT TYPE: Journal; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

Mechanisms of *immunosuppression* induced by antithymocyte globulins and OKT3

OKT3 monoclonal antibody and polyclonal antithymocyte or antilymphocyte globulins are among the most potent immunosuppressive agents which have been used in organ *transplantation* for many years. Both induce a rapid and profound lymphocytopenia classically attributed to several mechanisms,

07/16/1999

7/3,K/1
DIALOG(R)File 155:MEDLINE(R)

11846284 21599727 PMID: 11739162

Nonablative allogeneic hematopoietic *transplantation* as adoptive immunotherapy for indolent lymphoma: low incidence of toxicity, acute *graft*-versus-host disease, and *treatment*-related mortality.

Khouri I F; Saliba R M; Giralt S A; Lee M S; Okoroji G J; Hagemeister F B ; Korbling M; Younes A; Ippoliti C; Gajewski J L; McLaughlin P; Anderlini P ; Donato M L; Cabanillas F F; Champlin R E

Departments of Blood and Marrow Transplantation, Lymphoma, Laboratory Medicine, and Pharmacy, University of Texas M. D. Anderson Cancer Center, Houston, Texas.

Blood (United States) Dec 15 2001, 98 (13) p3595-9, ISSN 0006-4971 Journal Code: A8G

Languages: ENGLISH

Document type: Journal Article

Record type: In Process

Nonablative allogeneic hematopoietic *transplantation* as adoptive immunotherapy for indolent lymphoma: low incidence of toxicity, acute *graft*-versus-host disease, and *treatment*-related mortality.

This study investigated the use of a nonablative conditioning regimen to decrease toxicity and achieve engraftment of an allogeneic blood stem cell transplant, allowing a *graft* -versus-malignancy effect to occur. All patients had follicular or small cell lymphocytic lymphoma after relapse from a prior response to conventional chemotherapy. Patients received...

... days) and intravenous cyclophosphamide (1 g/m(2) given daily for 2 days or 750 mg/m(2) daily for 3 days). Nine patients received *rituximab* in addition to the chemotherapy. Tacrolimus and methotrexate were used for *graft* -versus-host disease (GVHD) prophylaxis. Twenty patients were studied; their median age was 51 years. Twelve were in complete remission (CR) at *transplantation* . All patients achieved engraftment of donor cells. The median number of days with severe neutropenia was 6. Only 2 patients required more than one platelet...

... being alive and in remission at 2 years was 84% (95% confidence interval, 57%-94%). Nonablative chemotherapy with fludarabine/cyclophosphamide followed by allogeneic stem cell *transplantation* is a promising *therapy* for indolent lymphoma with minimal toxicity and myelosuppression. Further studies are warranted to compare nonablative allogeneic hematopoietic *transplantation* with alternative *treatment* strategies. (Blood. 2001;98:3595-3599)

7/3,K/2
DIALOG(R)File 155:MEDLINE(R)

11797419 21489951 PMID: 11604361

***Therapy* intensification with autologous *transplantation* in non-Hodgkin's lymphomas]**

Les intensifications therapeutiques avec autogreffe dans le lymphomes non hodgkiniens.

Bosly A; Gisselbrecht C

Groupe d'etudes des lymphomes de l'adulte. andre.bosly@sang.ucl.ac.be

Bulletin du cancer (France) Sep 2001, 88 (9) p877-87, ISSN 0007-4551 Journal Code: BDZ

Languages: FRENCH

Document type: Journal Article; Review; Review Literature ; English Abstract

Record type: Completed

***Therapy* intensification with autologous *transplantation* in non-Hodgkin's lymphomas]**

... lymphomas, candidates to intensification are patients with poor

prognosis in relapse or with histological transformation. The efficacy of intensification to improve survival in first line *treatment* is not proven in follicular lymphoma. Due to the frequent marrow and blood involvement by tumoral cells in these lymphomas and the prognosis impact of this contamination, many efforts have been done to eliminate tumoral cells from the *graft*. Monoclonal anti-*CD20* antibodies (*rituximab*) are indeed the best *treatment* to purge in vivo from tumoral cells marrow and blood. In aggressive lymphomas, intensifications are now the standard regimen in case of sensitive relapse. Probably...

... complete response in patients with 2 or 3 adverse prognostic factors. However intensification is not recommended in case of refractory disease or in first line *treatment* for standard-risk patients. High relapse rate after autograft justifies to test immunotherapy against minimal residual disease. The role of allogeneic *transplantation*, monoclonal antibodies or cytokines remains to be defined.

Descriptors: Bone Marrow *Transplantation*; *Lymphoma, High-Grade--*therapy*--TH; *Lymphoma, Low-Grade--*therapy*--TH; Combined Modality *Therapy*; Drug Resistance, Neoplasm; Immunotherapy--methods--MT; Neoplasm, Residual; Patient Selection; Recurrence; Remission Induction; *Transplantation*, Autologous

7/3,K/3
DIALOG(R)File 155:MEDLINE(R)

11725578 21400379 PMID: 11509929

Chronic *graft*-versus-host disease: clinical manifestation and *therapy*

Ratanatharathorn V; Ayash L; Lazarus HM; Fu J; Uberti JP
Blood and Marrow Stem Cell Transplantation Program at University of Michigan Medical Center, Ann Arbor, MI, USA.
Bone marrow transplantation (England) Jul 2001, 28 (2) p121-9, ISSN 0268-3369 Journal Code: BON
Languages: ENGLISH
Document type: Journal Article; Review; Review, Academic
Record type: Completed

Chronic *graft*-versus-host disease: clinical manifestation and *therapy*

Chronic *graft*-versus-host disease (GVHD) is a major cause of morbidity and mortality in long-term survivors of allogeneic stem cell *transplantation*. The immunopathogenesis of chronic GVHD is, in part, TH-2 mediated, resulting in a syndrome of immunodeficiency and an autoimmune disorder. The most important risk...

... strategies that prevent acute GVHD also decrease the risk of chronic GVHD. Other important risk factors are the use of a non-T cell-depleted *graft* , and older age of donor and recipient. Whether recipients of peripheral blood stem cells are at increased risk of chronic GVHD remains unsettled. There are no known pharmacologic agents which can specifically prevent development of chronic GVHD. Agents which have efficacy in the *treatment* of autoimmune disorders have been utilized as *therapy* for established chronic GVHD and are associated with response rates of 20% to 80%. Most responses are confined to skin, soft tissue, oral mucosa and occasionally liver. Bronchiolitis obliterans responds infrequently to *therapy* and is associated with a dismal prognosis. Newer, promising therapeutic strategies under investigation include thalidomide, photopheresis *therapy* , anti-tumor necrosis factor and B cell depletion with anti-*CD20* monoclonal antibody.

Descriptors: Bone Marrow *Transplantation*--immunology--IM; **Graft* vs Host Disease--diagnosis--DI; **Graft* vs Host Disease--*therapy*--TH; *Hematopoietic Stem Cell *Transplantation*; Chronic Disease; *Graft* vs Host Disease--prevention and control--PC; Immunosuppressive Agents --therapeutic use--TU; Risk Factors; *Transplantation*, Homologous --immunology--IM

7/3,K/4
DIALOG(R)File 155:MEDLINE(R)

11681830 21260581 PMID: 11368285
Achieving optimal outcomes in chronic lymphocytic leukaemia.
Hamblin TJ
Department of Haematology, Royal Bournemouth Hospital, England. terjoha@aol.com
Drugs (New Zealand) 2001, 61 (5) p593-611, ISSN 0012-6667 Journal Code: EC2
Languages: ENGLISH
Document type: Journal Article; Review; Review, Tutorial
Record type: Completed

... early stage of disease when diagnosed and perhaps 50% will never progress. This group of patients have a normal life expectancy and do not require *treatment* beyond reassurance. Progression involves an increasing white cell count, enlarging lymph nodes and spleen, anaemia and thrombocytopenia. Complications of progression include autoimmune haemolytic anaemia and...

... range of prognostic factors is available to predict progression, but most haematologists rely on close observation of the patient. Intermittent chlorambucil remains the first choice *treatment* for the majority of patients. Combination chemotherapy offers no advantage. Intravenous fludarabine is probably more effective than chlorambucil, but no trial has yet shown a survival advantage for using it first rather than as a salvage *treatment* in patients not responding to chlorambucil. It is at least 40 times as expensive as chlorambucil. Cladribine may be as effective as fludarabine, although it...

... refractory to both drugs, a variety of options are available. High dose corticosteroids, high dose chlorambucil, CHOP (cyclophosphamide, prednisolone, vincristine and doxorubicin), anti-CD52, anti-*CD20* and a range of experimental drugs which are being evaluated in clinical trials. Younger patients should be offered the chance of *treatment* with curative intent, preferably in the context of a clinical trial. Autologous stem cell *transplantation* after achieving a remission with fludarabine has relative safety and may produce molecular complete remissions. Only time will tell whether some of these patients are...

... seems unlikely. Standard allogeneic bone marrow transplant is probably too hazardous for most patients, but non-myeloablative regimens hold out the hope of invoking a *graft* -versus-leukaemia effect without a high tumour-related mortality. Trials of immunotherapy are exciting options for a few patients in specialised centres.
Descriptors: Antineoplastic Agents--therapeutic use--TU; *Antineoplastic Agents, Combined--therapeutic use--TU; *Leukemia, Lymphocytic, Chronic --drug *therapy*--DT

7/3,K/5
DIALOG(R)File 155:MEDLINE(R)

11603627 21420170 PMID: 11529490
Low incidence of Epstein-Barr virus-associated posttransplantation lymphoproliferative disorders in 272 unrelated-donor umbilical cord blood transplant recipients.
Barker JN; Martin PL; Coad JE; DeFor T; Trigg ME; Kurtzberg J; Weisdorf DJ; Wagner J
University of Minnesota Medical School, Minneapolis, USA. barke014@tc.umn.edu
Biology of blood and marrow transplantation (United States) 2001, 7 (7) p395-9, ISSN 1083-8791 Journal Code: CUA

Contract/Grant No.: NO1-HB-67139, HB, NHLBI; NO1-HB-67141, HB, NHLBI; PO1-CA65493, CA, NCI
Languages: ENGLISH
Document type: Journal Article
Record type: In Process

Umbilical cord blood (UCB) is being increasingly used for *transplantation* , but the ability of neonatal T cells to regulate Epstein-Barr virus (EBV)-associated lymphoproliferation is unknown. Because UCB *transplantation* (UCBT) is associated with a relatively low infused dose of donor T cells, frequent donor-recipient HLA disparity, and use of antithymocyte globulin during conditioning...

...interval, 0.3%-3.7%) at 2 years. EBV-PTLD affected UCB recipients aged 1 to 49 years (median, 8 years), with 4 patients undergoing *transplantation* for leukemia and 1 for immunodeficiency. Patients received UCB grafts that were HLA matched (n = 1) or mismatched at 1 (n = 1) or 2 (n...

... loci. Diagnoses occurred at 4 to 14 months (median, 6 months) after UCBT, with 4 of 5 patients having preceding grade II to IV acute *graft* -versus-host disease and 1 being diagnosed at autopsy. *Treatment* of 4 patients consisted of withdrawal of immunosuppressive *treatment* and administration of *rituximab*, with 2 of 4 patients responding. Thus, the incidence of EBV-PTLD after unrelated-donor UCBT appears similar to that observed after *transplantation* using unrelated bone marrow (BM) and compares favorably with unrelated-donor T-cell-depleted BM *transplantation*. Because adoptive immunotherapy with donor lymphocytes is not an available option for recipients of unrelated-donor UCBT, new therapeutic strategies are needed, and *rituximab* appears promising.

7/3,K/6
DIALOG(R)File 155:MEDLINE(R)

11527788 21213736 PMID: 11313672
Reconstitution of the CD45RO(+) and *CD20*(+) lymphoid marrow population following allogeneic bone marrow *transplantation* for Ph(+) CML.
Thiele J; Kvasnicka HM; Beelen DW; Welter A; Schneider S; Leder LD; Schaefer UW
Institutes of Pathology, Universities of Cologne, Germany.
Bone marrow transplantation (England) Feb 2001, 27 (4) p425-31, ISSN 0268-3369 Journal Code: BON
Languages: ENGLISH
Document type: Journal Article
Record type: Completed

Reconstitution of the CD45RO(+) and *CD20*(+) lymphoid marrow population following allogeneic bone marrow *transplantation* for Ph(+) CML.
Following bone marrow *transplantation* (BMT) investigations on the recovery of the B and T lymphocyte populations have focused on the peripheral blood and only marginally regard the bone marrow...

... CML) at standardized endpoints before and after allogeneic BMT and compared to a control group. The purpose of this investigation was to quantify the B-*CD20* (+) and T-CD45RO(+) lymphocyte subsets and to determine possible relationships with the occurrence of acute and chronic GVHD. Moreover, we studied the dynamics of lymphocyte...

... peripheral lymphocyte count and differences associated with sibling vs alternate HLA-compatible (unmanipulated) marrow grafts. Morphometric analysis revealed a very fast regeneration of CD45RO(+) and *CD20*(+) marrow lymphocytes in the first 2 weeks following BMT. In less than 2 months, in most patients, the post-transplant quantity of lymphocytes was comparable...

... other hand, significant correlations were calculable between the

development of (chronic and acute) GVHD including severity with the number of CD45RO(+) lymphocytes. In non-related *graft* constellations a more frequent evolution of acute grade III + IV GVHD was detectable. This complication was accompanied by an increased quantity of CD45RO(+) lymphocytes in...
Descriptors: Antigens, *CD20*--metabolism--ME; *Antigens, CD45 --metabolism--ME; *Bone Marrow Cells--cytology--CY; *Bone Marrow *Transplantation*; *Leukemia, Myeloid, Philadelphia-Positive--*therapy*--TH ; *Lymphocyte Subsets--cytology--CY; Adolescence; Adult; Bone Marrow --chemistry--CH; Bone Marrow Cells--immunology--IM; Case-Control Studies; *Graft* Survival; *Graft* vs Host Disease--etiology--ET; *Graft* vs Host Disease--immunology--IM; Immunohistochemistry; Leukemia, Myeloid, Chronic-- *therapy*--TH; Lymphocyte Count; Lymphocyte Subsets--immunology--IM; Middle Age; Nuclear Family; Retrospective Studies; *Transplantation*, Homologous
Chemical Name: Antigens, *CD20*; Antigens, CD45

7/3,K/7
DIALOG(R)File 155:MEDLINE(R)

10852921 20510189 PMID: 11054435

Durable remission after aggressive chemotherapy for very late post-kidney transplant lymphoproliferation: A report of 16 cases observed in a single center.

Mamzer-Bruneel MF; Lome C; Morelon E; Levy V; Bourquelot P; Jacobs F; Gessain A; Mac Intyre E; Brousse N; Kreis H; Hermine O
Service de Reanimation et Transplantation, Hopital Necker, Paris, France. marie-france.manzer@nck.ap-hop-paris.fr
Journal of clinical oncology (UNITED STATES) Nov 1 2000, 18 (21) p3622-32, ISSN 0732-183X Journal Code: JCO
Languages: ENGLISH
Document type: Journal Article
Record type: Completed

PURPOSE: Posttransplant lymphoproliferative diseases (PTLDs) represent a group of potentially lethal lymphoid proliferations that may complicate the course of solid organ *transplantation* . Although early-onset PTLDs frequently have a favorable outcome, late-onset PTLDs behave more alike aggressive lymphoma. We report a monocentric retrospective study that focused on PTLDs occurring later than 1 year after kidney *transplantation* (very late-onset PTLDs) to define their incidence, clinical presentation, pathologic features, and outcome. We particularly emphasized the follow-up of patients treated with conventional...

... to 27 months in the treated group. The main cause of mortality was sepsis. None of the treated patients experienced rejection despite withdrawal of immunosuppressive *treatment* . CONCLUSION: Despite characteristics of aggressive lymphoma, very late-onset PTLDs after renal *transplantation* may respond to conventional chemotherapy. However, because a high rate of infectious complications occurred, new therapeutic strategies, such as combinations of anti-*CD20* monoclonal antibodies and lower doses of chemotherapy, are warranted.
Descriptors: Antineoplastic Agents, Combined--therapeutic use--TU; *Kidney *Transplantation*; *Lymphoproliferative Disorders--drug *therapy* --DT; *Postoperative Complications--drug *therapy*--DT...; blood--BL; Antineoplastic Agents, Combined--administration and dosage--AD; Cyclophosphamide--administration and dosage--AD; Doxorubicin--administratio n and dosage--AD; Epstein-Barr Virus Infections--complications--CO; *Graft* Rejection; Herpesviridae Infections--blood--BL; Herpesviridae Infections --immunology--IM; Herpesvirus 4, Human; Herpesvirus, Kaposi Sarcoma-Associated--immunology--IM; Immunosuppressive Agents--therapeutic use--TU; Incidence; Kidney...
...pathology--PA; Middle Age; Postoperative Complications--etiology--ET; Postoperative Complications--pathology--PA; Prednisone--administration and dosage--AD; Remission Induction; Retrospective Studies; Survival Analysis; Time Factors; *Treatment* Outcome; Vincristine--administration and dosage

--AD

7/3,K/8
DIALOG(R)File 155:MEDLINE(R)

10846382 20482066 PMID: 11027379
Unusual gingival presentation of post-*transplantation* lymphoproliferative disorder: a case report and review of the literature.
Raut A; Huryn J; Pollack A; Zlotolow I
Memorial Sloan-Kettering Cancer Center, Dental Service, Department of Surgery, New York, NY 10021, USA.
Oral surgery, oral medicine, oral pathology, oral radiology, and endodontics (UNITED STATES) Oct 2000, 90 (4) p436-41, ISSN 1079-2104 Journal Code: CA5
Languages: ENGLISH
Document type: Journal Article; Review; Review, Tutorial
Record type: Completed

Unusual gingival presentation of post-*transplantation* lymphoproliferative disorder: a case report and review of the literature.
Post-*transplantation* lymphoproliferative disorder is a well-documented complication of solid organ or bone marrow *transplantation* . Histologically, it is characterized by an abnormal proliferation of lymphocytes, which can range from benign B-cell hyperplasia to malignant lymphoma. Non-Hodgkin's lymphoma...
... We present a patient with a gingival ulceration that was subsequently diagnosed as Epstein-Barr virus malignant lymphoma resulting from the immunosuppression needed to prevent *graft*-versus-host disease after bone marrow *transplantation*.
Descriptors: Bone Marrow *Transplantation*--adverse effects--AE; *Burkitt Lymphoma--pathology--PA; *Gingival Neoplasms--pathology--PA; *Lymphoma, Large-Cell, Diffuse--pathology--PA; Adult; Antibodies, Monoclonal --therapeutic use--TU; Antineoplastic Agents--therapeutic use--TU; Burkitt Lymphoma--etiology--ET; Burkitt Lymphoma--*therapy*--TH; Diagnosis, Differential; Gingival Neoplasms--etiology--ET; Gingival Neoplasms--*therapy*--TH; *Graft* vs Host Disease--complications--CO; *Graft* vs Host Disease--etiology--ET; Immunosuppression--adverse effects--AE; Lymphoma, Large-Cell, Diffuse--etiology--ET; Lymphoma, Large-Cell, Diffuse--*therapy*--TH; Neoplasm Staging
Chemical Name: Antibodies, Monoclonal; Antineoplastic Agents; *rituximab*

7/3,K/9
DIALOG(R)File 155:MEDLINE(R)

10688429 20383460 PMID: 10929168
Anti-*CD20* chimeric monoclonal antibody *treatment* of refractory immune-mediated thrombocytopenia in a patient with chronic *graft* -versus-host disease.
Ratanatharathorn V; Carson E; Reynolds C; Ayash LJ; Levine J; Yanik G; Silver SM; Ferrara JL; Uberti JP
Blood and Marrow Stem Cell Transplant Program, Department of Internal Medicine, University of Michigan Medical Center, Ann Arbor 48109, USA. vratanat@umich.edu
Annals of internal medicine (UNITED STATES) Aug 15 2000, 133 (4) p275-9, ISSN 0003-4819 Journal Code: 5A6
Languages: ENGLISH
Document type: Journal Article
Record type: Completed

Anti-*CD20* chimeric monoclonal antibody *treatment* of refractory immune-mediated thrombocytopenia in a patient with chronic *graft* -versus-host disease.
BACKGROUND: Autoimmune thrombocytopenia in chronic *graft*-versus-host disease may represent an instance of B-cell dysregulation leading to

clinical disease. OBJECTIVE: To attempt to treat refractory immune-mediated thrombocytopenia in a patient with chronic *graft*-versus-host disease by using anti-*CD20* chimeric monoclonal antibody. DESIGN: Case report. SETTING: Academic medical center. PATIENT: A patient with chronic *graft* -versus-host disease after allogeneic peripheral blood stem-cell *transplantation* who had severe refractory immune-mediated thrombocytopenia. INTERVENTION: Weekly infusion of *rituximab*, 375 mg/m2, for 4 weeks. MEASUREMENTS: Platelet count, CD3+ cell count, and CD19+ cell count. RESULTS: *Rituximab* *therapy* resulted in marked depletion of B cells in the peripheral blood and decreased levels of platelet-associated antibody. The increase in platelet count persisted despite tapering and discontinuation of immunosuppressive *therapy* for chronic *graft* -versus-host disease. CONCLUSION: The efficacy of *rituximab* for the *treatment* of immune-mediated thrombocytopenia suggests that this drug may have activity in other autoimmune diseases or chronic *graft*-versus-host disease.

ARTS

Descriptors: Antibodies, Monoclonal--therapeutic use--TU; *Antigens, *CD20*--immunology--IM; *Autoimmune Diseases--complications--CO; *Autoimmune Diseases--drug *therapy*--DT; **Graft* vs Host Disease--complications --CO; *Thrombocytopenia--complications--CO; *Thrombocytopenia--drug *therapy*--DT; Adult; Antigens, CD19--blood--BL; Antigens, CD3--blood--BL; Autoimmune Diseases--blood--BL; Leukocyte Count; Platelet Count; Postoperative Complications; Stem Cells--*transplantation*--TR; Thrombocytopenia--blood--BL

Chemical Name: Antibodies, Monoclonal; Antigens, CD19; Antigens, *CD20*; Antigens, CD3; *rituximab*

7/3,K/10
DIALOG(R)File 155:MEDLINE(R)

10680218 20362735 PMID: 10905061

Proliferation of CD4+ lymphocytes in a patient with chronic *graft* -versus-host disease after allogeneic bone marrow *transplantation*.

Hashino S; Mori A; Kobayashi S; Tanaka J; Musashi M; Asaka M; Imamura M
Third Department of Internal Medicine, Hokkaido University School of Medicine, Sapporo, Japan. shashino@med.hokudai.ac.jp

International journal of hematology (IRELAND) Jun 2000, 71 (4) p389-93, ISSN 0925-5710 Journal Code: A7F
Languages: ENGLISH
Document type: Journal Article
Record type: Completed

Proliferation of CD4+ lymphocytes in a patient with chronic *graft* -versus-host disease after allogeneic bone marrow *transplantation*.

Expansion of donor-derived lymphocytes after allogeneic stem cell *transplantation* is a serious and sometimes fatal complication. Lymphoproliferative disorders are reportedly caused mainly by reactivation of Epstein-Barr virus (EBV) and non-EBV-associated secondary lymphoma or leukemia. In this paper, we report massive proliferation of CD4+ lymphocytes in peripheral blood of a patient with chronic *graft* -versus-host disease (GVHD) following allogeneic bone marrow *transplantation* (alloBMT) from an HLA-identical sibling donor. The abnormal lymphocytes showed CD3low, CD4+, CD8-, CD2+, CD5+, CD7+, CD25-, CD19-, *CD20* -, CD21-, CD16-, CD56low, T-cell receptor (TCR)-alpha/beta- and TCR-gamma/delta- phenotypes, and no rearrangement of either TCR-C beta 1 or IG...

... blot analysis. EBV was not found in the nuclei of lymphocytes by an immunofluorescence antibody. The lymphoproliferation was resistant against immunosuppressive drugs, administered for the *treatment* of chronic GVHD, and it effectively inhibited aggravation of the chronic GVHD. Although antithymocyte globulin and cytosine arabinoside were administered later, the patient died of...

Descriptors: Bone Marrow *Transplantation*--adverse effects--AE; *CD4-Positive T-Lymphocytes--pathology--PA; **Graft* vs Host Disease

--pathology--PA; *Lymphoproliferative Disorders--etiology--ET; Adult; Antigens, CD; Cell Division; *Graft* vs Host Disease--complications--CO; Nuclear Family; Phenotype; *Transplantation*, Homologous

7/3,K/11
DIALOG(R)File 155:MEDLINE(R)

10622552 20269749 PMID: 10808158
Anti-*CD20* monoclonal antibody *therapy* in Epstein-Barr Virus-associated B cell lymphoma following lung *transplantation*.
Reynaud-Gaubert M; Stoppa AM; Gaubert J; Thomas P; Fuentes P
Department of Thoracic Surgery, University of Marseille Medical Center, Marseille, France. mreynaud@mail.ap-hm.fr
Journal of heart and lung transplantation (UNITED STATES) May 2000, 19 (5) p492-5, ISSN 1053-2498 Journal Code: A0Q
Languages: ENGLISH
Document type: Journal Article
Record type: Completed

Anti-*CD20* monoclonal antibody *therapy* in Epstein-Barr Virus-associated B cell lymphoma following lung *transplantation*.
Post-transplant lymphoproliferative disease is a complication of bone marrow and solid organ *transplantation* , mostly associated with Epstein-Barr virus infection and chronic immunosuppression. Even if spontaneous resolution after cessation of immunosuppressive *therapy* can be observed, the prognosis of this disorder is usually poor with a low response to specific *treatment*. We describe a case of B-cell lymphoma of the nasopharynx occurring 6 months after double-lung *transplantation*. In spite of its monoclonal nature, anti-CD 20 monoclonal antibody given in the presence of reduced immunosuppression resulted in a complete response. The patient also received "consolidation" radiation *therapy* to prevent the recurrence. The *treatment* was well tolerated with minimal side effects. The patient was asymptomatic and had a well functioning *graft* more than 1 year after *therapy*.
Descriptors: Antibodies, Monoclonal--therapeutic use--TU; *Antigens, *CD20*--immunology--IM; *Burkitt Lymphoma--drug *therapy*--DT; *Lung *Transplantation*--adverse effects--AE; *Nasopharyngeal Neoplasms--drug *therapy*--DT; Adult; Antibodies, Viral--analysis--AN; Biopsy; Burkitt Lymphoma--etiology--ET; DNA, Viral--analysis--AN; Drug *Therapy* , Combination; Herpesvirus 4, Human--genetics--GE; Herpesvirus 4, Human --immunology--IM; Immunosuppressive Agents--therapeutic use--TU; Nasopharyngeal Neoplasms--etiology--ET; Neoplasm Recurrence, Local --prevention and...
Chemical Name: Antibodies, Monoclonal; Antibodies, Viral; Antigens, *CD20*; DNA, Viral; Immunosuppressive Agents

7/3,K/12
DIALOG(R)File 155:MEDLINE(R)

10554326 20195399 PMID: 10733261
Management of chronic lymphocytic leukaemia.
Kalil N; Cheson BD
National Cancer Institute, Bethesda, Maryland 20892, USA.
Drugs & aging (NEW ZEALAND) Jan 2000, 16 (1) p9-27, ISSN 1170-229X Journal Code: BEK
Languages: ENGLISH
Document type: Journal Article; Review; Review, Academic
Record type: Completed

... countries. The diagnosis requires mature-appearing lymphocytes in the peripheral blood to >5 x 10(9)/L. The immunophenotype typically includes B cell antigens CD19, *CD20* and CD23, low expression of surface immunoglobulin and CD5+, with other T cell antigens absent. Bone marrow biopsy, although not required for diagnosis, must show...

... in patients with CLL. Clinical stage is the strongest prognostic factor in CLL. There is no indication for early intervention. The current recommendation to start *treatment* includes disease-related symptoms, massive and/or progressive hepatosplenomegaly or lymphadenopathy, increasing bone marrow failure, autoimmune disease, and recurrent infections. Alkylating agents (e.g. chlorambucil...

... patients with poor performance, and for patients who do not tolerate fludarabine. No drug combination is better than single agents. For patients refractory to initial *treatment*, referral to a clinical trial is the best choice. Other salvage *therapy* includes retreatment with the same initial agent (chlorambucil or fludarabine) if initial response was observed, or fludarabine for patients refractory to chlorambucil. Promising new approaches include cycle-active agents, nelarabine, biological *therapy* such as anti-CD52 monoclonal antibody, bone marrow *transplantation*, including the use of submyeloablative preparative regimens ('minitransplant') to induce *graft*-versus-leukaemia effect, and gene *therapy* . Prophylactic antibacterials and intravenous immunoglobulin should not be used routinely during supportive care. Epoetin may be helpful for patients who have anaemia without obvious cause. Assessment of response to *therapy* in CLL has been updated by the National Cancer Institute Working Group, and these guidelines are used worldwide for clinical trials.

Descriptors: Antineoplastic Agents--therapeutic use--TU; *Leukemia, Lymphocytic, Chronic--drug *therapy*--DT; Combined Modality *Therapy*; Leukemia, Lymphocytic, Chronic--pathology--PA; Leukemia, Lymphocytic, Chronic--*therapy*--TH; Leukemia, Prolymphocytic--drug *therapy*--DT; Leukemia, Prolymphocytic--*therapy*--TH

7/3,K/13
DIALOG(R)File 155:MEDLINE(R)

10522479 20172782 PMID: 10707791

Humanized anti-*CD20* monoclonal antibody (*Rituximab*) in post transplant B-lymphoproliferative disorder: a retrospective analysis on 32 patients.

Milpied N; Vasseur B; Parquet N; Garnier JL; Antoine C; Quartier P; Carret AS; Bouscary D; Faye A; Bourbigot B; Reguerre Y; Stoppa AM; Bourguard P; Hurault de Ligny B; Dubief F; Mathieu-Boue A; Leblond V

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Annals of oncology (NETHERLANDS) 2000, 11 Suppl 1 p113-6, ISSN 0923-7534 Journal Code: AYF

Languages: ENGLISH

Document type: Journal Article

Record type: Completed

Humanized anti-*CD20* monoclonal antibody (*Rituximab*) in post transplant B-lymphoproliferative disorder: a retrospective analysis on 32 patients.

BACKGROUND: B-lymphoproliferative post-transplant disorder (BLPD) is a severe complication of organ and bone marrow *transplantation* . The reduction of immuno-suppressive *therapy* or surgery for localized disease may cure some BLPDs. Other therapeutic approaches such as chemotherapy and antiviral drugs are toxic and of limited efficacy. Adoptive...

...antibodies (MoAbs) have proven effective but are no longer available for human use. We report the activity of a humanized anti CD 20 Mo Ab (*Rituximab* -MABTHERA Roche) in 32 episodes of BLPD treated in 14 French centers. PATIENTS AND METHODS: Between November 1997 and September 1998, 32 patients were diagnosed...

... and six patients had received bone marrow transplantations. The median age of the patients was 34 years (3-67 years) and the median delay between *graft* and tumor 5 months (1-156 months). In organ recipients, tumors were classified as polymorphic and monomorphic in 10 and 15 cases, respectively;

4 of...

... pathology documentation because of a rise in EBV load, fever and lymph node enlargement. Tumors were associated with EBV in 22 of 26 tested cases. *Rituximab* was used as first-line *therapy* in 30 patients (after reduction of immunosuppressive *treatment* in 27 patients) and as salvage *therapy* in 2 patients (after failure of chemotherapy). The median time from diagnosis of BLPD to *treatment* with *Rituximab* was 14 days (1-110 days). Two patients received eight infusions, twenty-six patients four infusions, one patient three infusions and three patients two infusions of 375 mg/m2. RESULTS: The tolerance of *rituximab* was good. The overall response rate was 69%, with 20 complete responses and 2 partial responses. In solid organ transplant the response rate was 65...

... transplant and 4 bone marrow transplant) are alive with no evidence of disease, 4 patients relapsed a median of 7 months (3-10 months) after *treatment* and 3 died while in CR of concurrent diseases. Of the 10 patients who did not respond to *Rituximab* 5 are alive with no evidence of disease after salvage *therapy*. CONCLUSIONS: The use of *rituximab* appears to be a safe and relatively efficient *therapy* in BLPDs. The results need to be confirmed in a prospective multicentric trial.

Descriptors: Antibodies, Monoclonal--therapeutic use--TU; *Antineoplastic Agents--therapeutic use--TU; *Lymphoma, B-Cell--drug *therapy*--DT; *Lymphoproliferative Disorders--drug *therapy*--DT; *Organ *Transplantation *--adverse effects--AE...; Lymphoma, B-Cell--etiology--ET; Lymphoma, B-Cell--mortality--MO; Lymphoproliferative Disorders--etiology--ET; Lymphoproliferative Disorders--mortality--MO; Middle Age; Prognosis; Retrospective Studies; Survival Rate; *Treatment* Outcome

Chemical Name: Antibodies, Monoclonal; Antineoplastic Agents; *rituximab*

7/3,K/14

DIALOG(R)File 155:MEDLINE(R)

10481265 20107430 PMID: 10642818

Use of *rituximab* and irradiated donor-derived lymphocytes to control Epstein-Barr virus-associated lymphoproliferation in patients undergoing related haplo-identical stem cell *transplantation*.

McGuirk JP; Seropian S; Howe G; Smith B; Stoddart L; Cooper DL

Blood and Marrow Transplant Program, Yale University School of Medicine, New Haven, Connecticut 06520-8032, USA.

Bone marrow transplantation (ENGLAND) Dec 1999, 24 (11) p1253-8, ISSN 0268-3369 Journal Code: BON

Languages: ENGLISH

Document type: Journal Article

Record type: Completed

Use of *rituximab* and irradiated donor-derived lymphocytes to control Epstein-Barr virus-associated lymphoproliferation in patients undergoing related haplo-identical stem cell *transplantation*.

Epstein-Barr virus-associated lymphoproliferative disorder (EBV-LPD) is an uncommon but potentially fatal complication of allogeneic stem cell *transplantation* . We report here two patients who underwent T cell-depleted mismatched-related stem cell *transplantation* for hematologic malignancies and required aggressive post-transplant immunosuppression for *graft* -versus host disease (GVHD). Both patients subsequently developed markedly elevated EBV-DNA titers in association with monoclonal, light chain-restricted B cell populations in the blood. Although immunosuppressive medications were rapidly tapered, neither patient could receive potentially curative *therapy* with unmanipulated donor-derived lymphocyte infusions (DLI) because of the substantial risk of severe GVHD. Therefore, both patients received repeated courses of *rituximab*, an anti-*CD20* monoclonal antibody, in combination with irradiated DLI. This therapeutic strategy resulted in normalization of the elevated EBV-DNA titers and disappearance of the monoclonal B cell populations. Our results suggest that *rituximab* and possibly irradiated

DLI played an important role in controlling early EBV-LPD in these two patients and may be an effective alternative therapeutic strategy...
Descriptors: Antibodies, Monoclonal--administration and dosage--AD; *Hematopoietic Stem Cell *Transplantation*--methods--MT; *Herpesvirus 4, Human--immunology--IM; *Lymphocytes--radiation effects--RE; *Lymphocytes --virology--VI; *Lymphoproliferative Disorders--virology--VI; Adult; Antigens, Viral--pharmacology--PD; Antineoplastic Agents--therapeutic use --TU; Blood Component Transfusion; Blood Donors; DNA, Viral--blood--BL; *Graft* vs Host Disease--drug *therapy*--DT; Hematologic Neoplasms --complications--CO; Hematologic Neoplasms--*therapy*--TH; Herpesvirus 4, Human--genetics--GE; Immunosuppression--adverse effects--AE; Lymphocytes --immunology--IM; Polymerase Chain Reaction
Chemical Name: Antibodies, Monoclonal; Antigens, Viral; Antineoplastic Agents; DNA, Viral; *rituximab*

7/3,K/15
DIALOG(R)File 155:MEDLINE(R)

10412028 20023682 PMID: 10561026
Stem cell function and engraftment is not affected by "in vivo purging" with *rituximab* for autologous stem cell *treatment* for patients with low-grade non-Hodgkin's lymphoma.
Buckstein R; Imrie K; Spaner D; Potichnyj A; Robinson JB; Nanji S; Pennel N; Reis M; Pinkerton P; Dube I; Hewitt K; Berinstein NL
Advanced Therapeutics Program, Toronto Sunnybrook Regional Cancer Center, Sunnybrook Health Sciences Centre, University of Toronto, Ontario.
Seminars in oncology (UNITED STATES) Oct 1999, 26 (5 Suppl 14) p15-22, ISSN 0093-7754 Journal Code: UN5
Languages: ENGLISH
Document type: Clinical Trial; Clinical Trial, Phase II; Journal Article
Record type: Completed

Stem cell function and engraftment is not affected by "in vivo purging" with *rituximab* for autologous stem cell *treatment* for patients with low-grade non-Hodgkin's lymphoma.
The chimeric anti-*CD20* monoclonal antibody *rituximab* (*Rituxan*; IDEC Pharmaceuticals, San Diego, CA, and Genentech, Inc, San Francisco, CA) has recently been approved by the US Food and Drug Administration as single-agent *treatment* of relapsed/refractory low-grade or follicular non-Hodgkin's lymphoma. Initial results from the pivotal clinical trial revealed that response rates to *rituximab* were higher in patients who previously had high-dose *therapy* and autologous stem cell *transplantation*. We have initiated a clinical trial that combines the use of *rituximab* with high-dose chemotherapy followed by autologous stem cell *transplantation* for patients with chemosensitive relapsed follicular small cleaved or mantle cell lymphoma. A unique feature of this study is that in addition to eight maintenance infusions of *rituximab* after autologous stem cell *transplantation*, patients also received *rituximab* 375 mg/m2 2 days before a granulocyte colony-stimulating factor-mobilized stem cell collection as "in vivo purge." We report on preliminary results demonstrating the safety and efficacy of the in vivo purge on 10 patients undergoing stem cell mobilization, nine of whom have already undergone *transplantation* . The peripheral blood CD34+ counts were 14.92 and 20 x 10(6)/L on day 4 and day 5, respectively, of the stem cell...

... This compares with 11.7 and 11.8 x 10(6)/L, respectively, for the control population. The median CD34 stem cell yield in the *graft* collection was 3.7 x 10(6)/kg in patients receiving *rituximab* in vivo purge compared with 3.1 x 10(6)/kg in the control population. The target stem cell collection was successfully collected in six...
... forming unit-granulocyte monocyte and burst-forming unit-erythrocyte to be 55 and 44 colonies per plate, respectively, for the patients receiving the in vivo *rituximab* purge. This compares favorably with 37 and 38.5 colonies per plate, respectively, for the control population. Neutrophil engraftment took a median of 11 days...

... independence was achieved in 8 days compared with 10 days for the control population. The median number of platelet transfusions was two for patients receiving *rituximab* and 2.5 for the control group. Assessment of serum cytokines immediately before the *rituximab* infusion during the stem cell mobilization and immediately after revealed a twofold to sevenfold increase in interleukin-1beta, tumor necrosis factor-alpha, and interleukin-6...

... minimal residual disease in stem cell collections and in peripheral blood and bone marrow samples of these patients will help to determine the efficacy of *rituximab* in vivo purge on disease progression.

Descriptors: Antibodies, Monoclonal--therapeutic use--TU; *Antineoplastic Agents--therapeutic use--TU; *Hematopoietic Stem Cell *Transplantation*; *Lymphoma, Low-Grade--*therapy*--TH; *Lymphoma, Mantle-Cell--*therapy*--TH ; Adult; Antigens, CD34; Bone Marrow Purging; Combined Modality *Therapy*; Flow Cytometry; Granulocyte Colony-Stimulating Factor--administration and dosage--AD; Hematopoietic Stem Cell Mobilization; Lymphoma, Low-Grade--drug *therapy*--DT; Lymphoma, Low-Grade--immunology--IM; Lymphoma, Mantle-Cell --drug *therapy*--DT; Lymphoma, Mantle-Cell--immunology--IM; Middle Age; Neoplasm, Residual; Salvage *Therapy*; *Transplantation*, Autologous

Chemical Name: Antibodies, Monoclonal; Antigens, CD34; Antineoplastic Agents; *rituximab*; Granulocyte Colony-Stimulating Factor

7/3,K/16
DIALOG(R)File 155:MEDLINE(R)

09934123 99027182 PMID: 9811057

***Treatment* of rheumatoid synovitis with anti-reshaping human interleukin-6 receptor monoclonal antibody: use of rheumatoid arthritis tissue implants in the SCID mouse model.**

Matsuno H; Sawai T; Nezuka T; Uzuki M; Tsuji H; Nishimoto N; Yoshizaki K
Department of Orthopaedic Surgery, Toyama Medical and Pharmaceutical University, Sugitani, Japan.

Arthritis and rheumatism (UNITED STATES) Nov 1998, 41 (11) p2014-21, ISSN 0004-3591 Journal Code: 90M
Languages: ENGLISH
Document type: Journal Article
Record type: Completed

***Treatment* of rheumatoid synovitis with anti-reshaping human interleukin-6 receptor monoclonal antibody: use of rheumatoid arthritis tissue implants in the SCID mouse model.**

...to mice once a week for 4 weeks. The implanted tissue was removed from the SCID-HuRAg mice on the fifth week after the initial *treatment* and examined pathologically. A group of SCID-HuRAg mice treated with control mAb, an auranofin-treated group, and an untreated group were used as controls...
...tissues in SCID-HuRAg mice were very similar to those of human RA even 2 months after implantation. In addition, the presence of CD4-, CD8-, *CD20* -, IL-6-, tumor necrosis factor alpha-, tartrate-resistant acid phosphatase (TRAP)-, matrix metalloproteinase 1 (MMP-1)-, and MMP-9-positive cells was confirmed by immunohistochemical staining. A significant decrease in the number of inflammatory cells, MMP-positive cells, and TRAP-positive cells was observed in the anti-rsHuIL-6R mAb *treatment* group as compared with the control groups. CONCLUSION: The SCID-HuRAg mouse is a useful model for evaluating the effectiveness of antirheumatic drugs. Anti-rsHuIL...

Descriptors: Antibodies, Monoclonal--pharmacology--PD; *Arthritis, Rheumatoid--immunology--IM; *Arthritis, Rheumatoid--*therapy*--TH; *Receptors, Interleukin-6--immunology--IM; *Synovial Membrane--*transplantation*--TR; Antibody Affinity; Disease Models, Animal; *Graft* Survival--immunology--IM; Interleukin-6--blood--BL; Mice; Mice, SCID; Rheumatoid Factor--blood--BL; Synovial Membrane--immunology--IM

7/3,K/17
DIALOG(R)File 155:MEDLINE(R)

09835168 98370663 PMID: 9707166

Intrahepatic proliferation of 'naive' and 'memory' T cells during liver allograft rejection: primary immune response within the allograft.

Dollinger MM; Howie SE; Plevris JN; Graham AM; Hayes PC; Harrison DJ
Department of Pathology, Medical School, University of Edinburgh, Scotland, United Kingdom. M.Dollinger@ed.ac.uk

FASEB journal (UNITED STATES) Aug 1998, 12 (11) p939-47, ISSN 0892-6638 Journal Code: FAS
Languages: ENGLISH
Document type: Journal Article
Record type: Completed

Liver allograft rejection is mediated by a primary response of T lymphocytes, followed by infiltration of the *graft* with a mixed inflammatory reaction. Using single and double label immunocytochemistry, we examined the proliferation index and the phenotype of leukocytes on liver biopsies from 10 patients with acute rejection before and after *treatment* with i.v. steroids, 10 patients with chronic rejection, 10 patients without rejection posttransplant, and 15 nongrafted, nonimmunosuppressed patients. Proliferation of mononuclear leukocytes (assessed by...
...nuclear antigen associated with the cell cycle) inside the allograft was a prominent feature of acute and chronic rejection and was down-regulated by steroid *treatment*. Leukocytes in cell cycle were located predominantly in the portal tracts at the site of the inflammatory infiltrate. The majority of 'naive' (CD45RA+) and 'memory...

... lymphocytes were also periportally distributed. In contrast, CD8+ T lymphocytes, CD57+ natural killer cells, and CD68+ macrophages were located intraparenchymally throughout the liver lobules, whereas *CD20* + B lymphocytes were only present in some of the portal tracts. Predominantly CD4+ and occasionally CD8+ lymphocytes were proliferating (assessed by double staining). The proliferating...

Descriptors: *Graft* Rejection--immunology--IM; *Immunologic Memory; *Liver--immunology--IM; *Liver *Transplantation*--immunology--IM; *T-Lymphocytes--immunology--IM

7/3,K/18
DIALOG(R)File 155:MEDLINE(R)

09818923 98343409 PMID: 9679815

Analysis of primate renal allografts after T-cell depletion with anti-CD3-CRM9.

Armstrong N; Buckley P; Oberley T; Fechner J; Dong Y; Hong X; Kirk A; Neville D; Knechtle S
Department of Surgery, University of Wisconsin, Madison 53792, USA.

Transplantation (UNITED STATES) Jul 15 1998, 66 (1) p5-13, ISSN 0041-1337 Journal Code: WEJ
Languages: ENGLISH
Document type: Journal Article
Record type: Completed

BACKGROUND: FN18-CRM9 is a CD3-specific immunotoxin that is capable of depleting CD3+ T cells. Pretreatment of rhesus monkeys with this agent before *transplantation* can induce donor-specific tolerance and "split tolerance" to renal allografts. METHODS: Heterotopic renal transplants were performed on monkeys that received posttransplant FN18-CRM9. Histological ...

... of the renal transplants, there was minimal evidence of acute cellular rejection. Histological evidence of alloantibody-mediated damage was detected 3 to 5 months after *transplantation* in the monkeys treated with

FN18-CRM9. Immunohistology demonstrated the reappearance of CD3+ and CD4+ T cells, as well as *CD20* + B cells, in the grafts. Cytokine analysis demonstrated expression of interferon-gamma. An intact anti-donor IgG response was seen. CONCLUSION: *Treatment* of monkeys with FN18-CRM9 immediately after *transplantation* significantly prolongs renal allograft survival. Allograft biopsies demonstrate a lack of acute cellular rejection; however, alloantibody-mediated *graft* damage and rejection occur, with an intact anti-donor IgG response. The intragraft expression of the interferon-gamma may reflect this ongoing humoral rejection. These...

Descriptors: Immunotoxins--pharmacology--PD; *Kidney *Transplantation*; *Lymphocyte Depletion--methods--MT; *Macaca mulatta--physiology--PH; *T-Lymphocytes--drug effects--DE; Antigens, CD3--drug effects--DE; Cytokines--metabolism--ME; *Graft* Survival--physiology--PH; IgG--analysis --AN; Kidney--metabolism--ME; Kidney--pathology--PA; Tissue Donors; *Transplantation*, Homologous

7/3,K/19
DIALOG(R)File 155:MEDLINE(R)

09801192 98318938 PMID: 9654869
New therapeutic monoclonal antibodies target kidney transplant rejection and cancer.
Piascik P
University of Kentucky College of Pharmacy, Lexington, USA.
Journal of the American Pharmaceutical Association (UNITED STATES) May-Jun 1998, 38 (3) p379-80, ISSN 1086-5802 Journal Code: CIL
Languages: ENGLISH
Document type: Journal Article
Record type: Completed

Descriptors: Antibodies, Monoclonal--therapeutic use--TU; **Graft* Rejection--prevention and control--PC; *IgG--therapeutic use--TU; *Immunosuppressive Agents--therapeutic use--TU; *Kidney *Transplantation*; *Lymphoma, B-Cell--*therapy*--TH
Chemical Name: Antibodies, Monoclonal; IgG; Immunosuppressive Agents; *rituximab*; Dacliximab

7/3,K/20
DIALOG(R)File 155:MEDLINE(R)

09624746 98085352 PMID: 9423335
Antithymocyte globulin as conditioning regimen for bone marrow *transplantation*]
Kobayashi R; Kumon K; Watanabe N; Iguchi A; Cho Y; Yoshida M; Arioka H; Naito H; Shikano T; Ishikawa Y
Department of Pediatrics, Hokkaido University School of Medicine.
[Rinsho ketsueki] (JAPAN) Nov 1997, 38 (11) p1183-8, ISSN 0485-1439 Journal Code: KII
Languages: JAPANESE
Document type: Journal Article
Record type: Completed

Antithymocyte globulin as conditioning regimen for bone marrow *transplantation*]
Bone marrow *transplantation* was performed with a conditioning regimen including antithymocyte globulin (ATG) for 8 patients with HLA-compatible unrelated donors or HLA mismatched donor. Administration of ATG...

... rapidly, but platelet infusion was not effective in some cases. As compared between patients with conventional allogeneic BMT, autologous BMT or peripheral blood stem cell *transplantation* and those with ATG administration, no obvious difference was seen between the two groups in lymphocyte counts, CD3, CD4, CD8 and *CD20* positive cells. No patient with ATG saffered *graft* failure or acute GVHD. However, cytomegalovirus

infection was observed more frequently than in patients without ATG. In hematological malignancy, relapse was more frequent than in...
Descriptors: Antilymphocyte Serum--therapeutic use--TU; *Bone Marrow *Transplantation*; *Hematologic Neoplasms--*therapy*--TH; **Transplantation * Conditioning; Adolescence; Bone Marrow *Transplantation*--adverse effects --AE; Child; Child, Preschool; *Graft* vs Host Disease--etiology--ET; *Graft* vs Host Disease--prevention and control--PC; Leukemia--*therapy* --TH; Lymphoma, Non-Hodgkin--*therapy*--TH; Myelodysplastic Syndromes-- *therapy*--TH

7/3,K/21
DIALOG(R)File 155:MEDLINE(R)

09083167 96310197 PMID: 8732692
Differential in vitro and in vivo antitumor effects mediated by anti-CD40 and anti-*CD20* monoclonal antibodies against human B-cell lymphomas.
Funakoshi S; Longo DL; Murphy WJ
Laboratory of Leukocyte Biology, National Cancer Institute-Frederick Cancer Research and Development Center, MD 21702-1201, USA.
Journal of immunotherapy with emphasis on tumor immunology (UNITED STATES) Mar 1996, 19 (2) p93-101, ISSN 1067-5582 Journal Code: BZH
Languages: ENGLISH
Document type: Journal Article
Record type: Completed

Differential in vitro and in vivo antitumor effects mediated by anti-CD40 and anti-*CD20* monoclonal antibodies against human B-cell lymphomas.
The antitumor effects of CD40 and *CD20* monoclonal antibodies (mAbs) were compared on various human B-cell lymphomas by using both in vitro and in vivo assays. Anti-CD40 directly inhibited the proliferation of human B-cell lymphomas in vitro, whereas anti-*CD20* exerted no inhibitory effects on the growth of any lymphoma tested. These lymphomas were then injected into immunodeficient mice to examine the antitumor efficacy of... ...various potential therapeutic agents against human cancers in an in vivo setting. Surprisingly, in contrast to its negligible effects on lymphoma growth in vitro, anti-*CD20* was more efficacious than anti-CD40 in promoting the survival of mice bearing some but not all lymphoma lines. To determine whether the antitumor effects...

... Fc receptor to block antibody-dependent cell-mediated cytotoxicity (ADCC). When these neutralizing antibodies against Fc receptors were administered at the same time as mAb *treatment*, the antitumor effects of anti-*CD20* in vivo were completely abrogated, whereas anti-CD40 *treatment*, although also diminished, still provided significant antitumor effects. These results indicate that the in vivo antitumor activity of the murine anti-human *CD20* mAb was primarily due to ADCC by murine effector cells, which may not translate into comparable effects in humans. By contrast, anti-CD40 may be of potential clinical use in the *treatment* of lymphomas in humans because of its additional direct anti-proliferative effects. The results also demonstrate a possible difficulty in accurately evaluating the potential clinical...
Descriptors: Antibodies, Monoclonal--pharmacology--PD; *Antigens, *CD20* --immunology--IM; *Antigens, CD40--immunology--IM; *Antineoplastic Agents --immunology--IM; *Lymphoma, B-Cell--immunology--IM; *Lymphoma, B-Cell-- *therapy*--TH; Antibodies, Monoclonal--therapeutic use--TU; *Graft* Survival--immunology--IM; Mice; Mice, SCID; Neoplasm *Transplantation*; Tumor Cells, Cultured
Chemical Name: Antibodies, Monoclonal; Antigens, *CD20*; Antigens, CD40; Antineoplastic Agents

7/3,K/22
DIALOG(R)File 155:MEDLINE(R)

08946510 96309657 PMID: 8704219

Reconstruction of the immune system after unrelated or partially matched T-cell-depleted bone marrow *transplantation* in children: immunophenotypic analysis and factors affecting the speed of recovery.

Kook H; Goldman F; Padley D; Giller R; Rumelhart S; Holida M; Lee N; Peters C; Comito M; Huling D; Trigg M

Pediatric Bone Marrow Transplant Program, University of Iowa College of Medicine, Iowa City, USA.

Blood (UNITED STATES) Aug 1 1996, 88 (3) p1089-97, ISSN 0006-4971 Journal Code: A8G

Languages: ENGLISH

Document type: Journal Article

Record type: Completed

Reconstruction of the immune system after unrelated or partially matched T-cell-depleted bone marrow *transplantation* in children: immunophenotypic analysis and factors affecting the speed of recovery.

... in an inverted CD4:CD8 ratio until 12 months posttransplant. Although the percentage of NK cells was elevated early posttransplant, their absolute numbers remained normal. *CD20*+ B cells were depressed until 12 to 18 months posttransplant. Factors affecting immunophenotypic recovery were analyzed by nonparametric statistics. Younger patients tended to have higher TLC posttransplant. Higher marrow cell doses were not associated with hastened immunophenotypic recovery. *Graft*-versus-host disease (GVHD) and/or its *treatment* significantly delayed the immune reconstitution of CD3+, CD4+, and *CD20* + cells. The presence of cytomegalovirus was associated with increased CD8+ counts and a decrease in the percentages of CD4+ and *CD20*+ cells.

Descriptors: Bone Marrow *Transplantation*; **Graft* Survival; *Immune System--pathology--PA; *Lymphocyte Depletion; *T-Lymphocytes; Adolescence; Bone Marrow *Transplantation*--mortality--MO; Bone Marrow *Transplantation*--statistics and numerical data--SN; Child; Child, Preschool; Convalescence; Cytomegalovirus Infections--epidemiology--EP; *Graft* vs Host Disease--epidemiology--EP; Hereditary Diseases--*therapy*--TH; Immunophenotyping; Infant; Infection--mortality--MO; Leukemia--*therapy*--TH; Lymphocyte Count; Lymphocyte Subsets; Neoplasms--*therapy*--TH; Prospective Studies; Time Factors; *Treatment* Outcome

7/3,K/23

DIALOG(R)File 155:MEDLINE(R)

08502873 95249515 PMID: 7731943

Skin biopsy in allogeneic and autologous bone marrow transplant patients: a histologic and immunohistochemical study and review of the literature.

Esteban JM; Somlo G

Division of Pathology, City of Hope National Medical Center, Duarte, California, USA.

Modern pathology (UNITED STATES) Jan 1995, 8 (1) p59-64, ISSN 0893-3952 Journal Code: PTH

Contract/Grant No.: CA 33572, CA, NCI; CA 4390, CA, NCI

Languages: ENGLISH

Document type: Journal Article; Review; Review of Reported Cases

Record type: Completed

Histologic criteria and grading system for diagnosis of cutaneous manifestations of *graft* vs. host disease (GvHD) have been established, and the diagnosis of high-grade GvHD is readily made by pathologists. There have been, however, increasing reports...

... or alloBMT, or who suffered from a malignancy. Tissue sections were immunoreacted with pan-T lymphocyte-associated antibody Leu 22 (CD43); pan-B antibody L26 (*CD20*); macrophage/myeloid antibody for CD68 antigens; and LN-3 antibody specific for HLA Class II antigens. The clinical suspicion of GvHD was confirmed in 8...

Descriptors: Bone Marrow *Transplantation*; **Graft* vs Host Disease--pathology--PA; *Skin--pathology--PA; Biopsy; *Graft* vs Host Disease--

therapy--TH; Immunohistochemistry; Retrospective Studies; *Transplantatio
n*, Autologous; *Transplantation*, Homologous

7/3,K/24
DIALOG(R)File 155:MEDLINE(R)

08136738 94205115 PMID: 8154047
Identification of patients at risk for inferior renal allograft outcome by a strongly positive B cell flow cytometry crossmatch.
Lazda VA
Histocompatibility Laboratory, Regional Organ Bank of Illinois, Chicago 60607.
Transplantation (UNITED STATES) Mar 27 1994, 57 (6) p964-9, ISSN 0041-1337 Journal Code: WEJ
Languages: ENGLISH
Document type: Journal Article
Record type: Completed

... FCXM. B cell FCXMs were performed using a two-color technique to identify binding of IgG antibody to donor lymph node B lymphocytes stained for *CD20*. The incidence and causes of *graft* failure posttransplant were determined by requesting this information from recipient transplant centers. Transplants that failed due to nonimmunological causes (n = 54, 13%) were excluded from the analysis. Minimum follow-up was 12 months. We found no difference in *graft* survival at one year for transplants where the B cell FCXM was positive in the range of 11 to 50 channel shift (n = 201) compared...
... had at least a one-DR mismatch. We conclude that a strongly positive B cell flow cytometry crossmatch identifies patients who are at risk for *graft* loss. Since the risk appears to be only when there is a DR mismatch, the data suggest that the B cell-specific IgG antibody detected
...
Descriptors: B-Lymphocytes--cytology--CY; *Kidney *Transplantation* --pathology--PA; **Treatment* Outcome; Antilymphocyte Serum; Cadaver; Flow Cytometry; *Graft* Rejection--epidemiology--EP; HLA-DR Antigens--physiology --PH; Histocompatibility Testing; Immunization; Kidney *Transplantation* --immunology--IM; Kidney *Transplantation*--statistics and numerical data --SN; Retrospective Studies; Risk Factors

7/3,K/25
DIALOG(R)File 155:MEDLINE(R)

07659896 93039287 PMID: 1418313
15-deoxyspergualin *treatment* of *graft* rejection in man: effect on mononuclear cells.
Borg AJ; Ohlman S
Department of Clinical Immunology, Huddinge Hospital, Karolinska Institute, Sweden.
Transplant international (GERMANY) Sep 1992, 5 (4) p219-25, ISSN 0934-0874 Journal Code: ADY
Languages: ENGLISH
Document type: Journal Article
Record type: Completed

15-deoxyspergualin *treatment* of *graft* rejection in man: effect on mononuclear cells.
We studied the effects of 15-deoxyspergualin (DSG) on human mononuclear cells in blood when DSG was administered as anti-rejection *treatment* to kidney-transplant patients in combination with methylprednisolone (MP) in a safety study. The numbers of leucocytes, lymphocytes and monocytes, the percentages of T and...

... of leucocytes observed in patients treated with MP only. Different effects of DSG and MP were also observed on B cells. While the percentage

of *CD20* + cells increased in the MP group, it remained unaltered in patients given low-dose DSG and/or was decreased in those given higher doses. Since...

... evidence suggests an effect of DSG on B-cell reactivity, this drug may become an important addition to the arsenal of immunosuppressive drugs in clinical *transplantation*.

Descriptors: *Graft* Rejection; *Guanidines--pharmacology--PD; *Immunosuppressive Agents--pharmacology--PD; *Kidney *Transplantation*; *Leukocytes, Mononuclear--drug effects--DE

7/3,K/26

DIALOG(R)File 155:MEDLINE(R)

07142279 93357496 PMID: 7688995

Autologous and allogeneic bone marrow *transplantation* for poor prognosis patients with B-cell chronic lymphocytic leukemia.

Rabinowe SN; Soiffer RJ; Gribben JG; Daley H; Freedman AS; Daley J; Pesek K; Neuberg D; Pinkus G; Leavitt PR; et al

Division of Tumor Immunology, Dana-Farber Cancer Institute, Boston, MA 02115.

Blood (UNITED STATES) Aug 15 1993, 82 (4) p1366-76, ISSN 0006-4971 Journal Code: A8G

Contract/Grant No.: CA34183, CA, NCI

Languages: ENGLISH

Document type: Journal Article

Record type: Completed

Autologous and allogeneic bone marrow *transplantation* for poor prognosis patients with B-cell chronic lymphocytic leukemia.

... BM) (12 patients) or T-cell-depleted allogeneic BM from HLA-identical siblings (8 patients) in a pilot study to assess the feasibility of BM *transplantation* (BMT) in this disease. All had poor prognosis disease by either staging, BM pattern, tumor doubling time criteria, or cytogenetics. All patients achieved remission criteria...

... adenopathy, absence of splenomegaly, < or = 20% of the intertrabecular space involved on BM biopsy) before BMT. Despite the use of fludarabine, a median of three *treatment* regimens were required to achieve BMT eligibility. After BMT, all patients achieved complete hematologic engraftment. Toxicities were not significantly different between autologous versus allogeneic BMT...

... BM disease. Complete clinical remissions were documented at the phenotypic and molecular level for the majority of patients in whom dual fluorescence for CD5 and *CD20* (15 of 15; 100%) and Ig gene rearrangements (11 of 14; 79%) were performed. Although long-term follow-up is needed to assess any potential...

Descriptors: Bone Marrow *Transplantation*; *Leukemia, B-Cell, Chronic --surgery--SU; Adult; Antigens, CD--analysis--AN; Antigens, *CD20*; Antigens, CD5; Antigens, Differentiation, B-Lymphocyte--analysis--AN; Bone Marrow *Transplantation*--adverse effects--AE; *Graft* vs Host Disease --etiology--ET; Leukemia, B-Cell, Chronic--immunology--IM; Middle Age; Prognosis; *Transplantation*, Autologous; *Transplantation*, Homologous

Chemical Name: Antigens, CD; Antigens, *CD20*; Antigens, CD5; Antigens, Differentiation, B-Lymphocyte

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